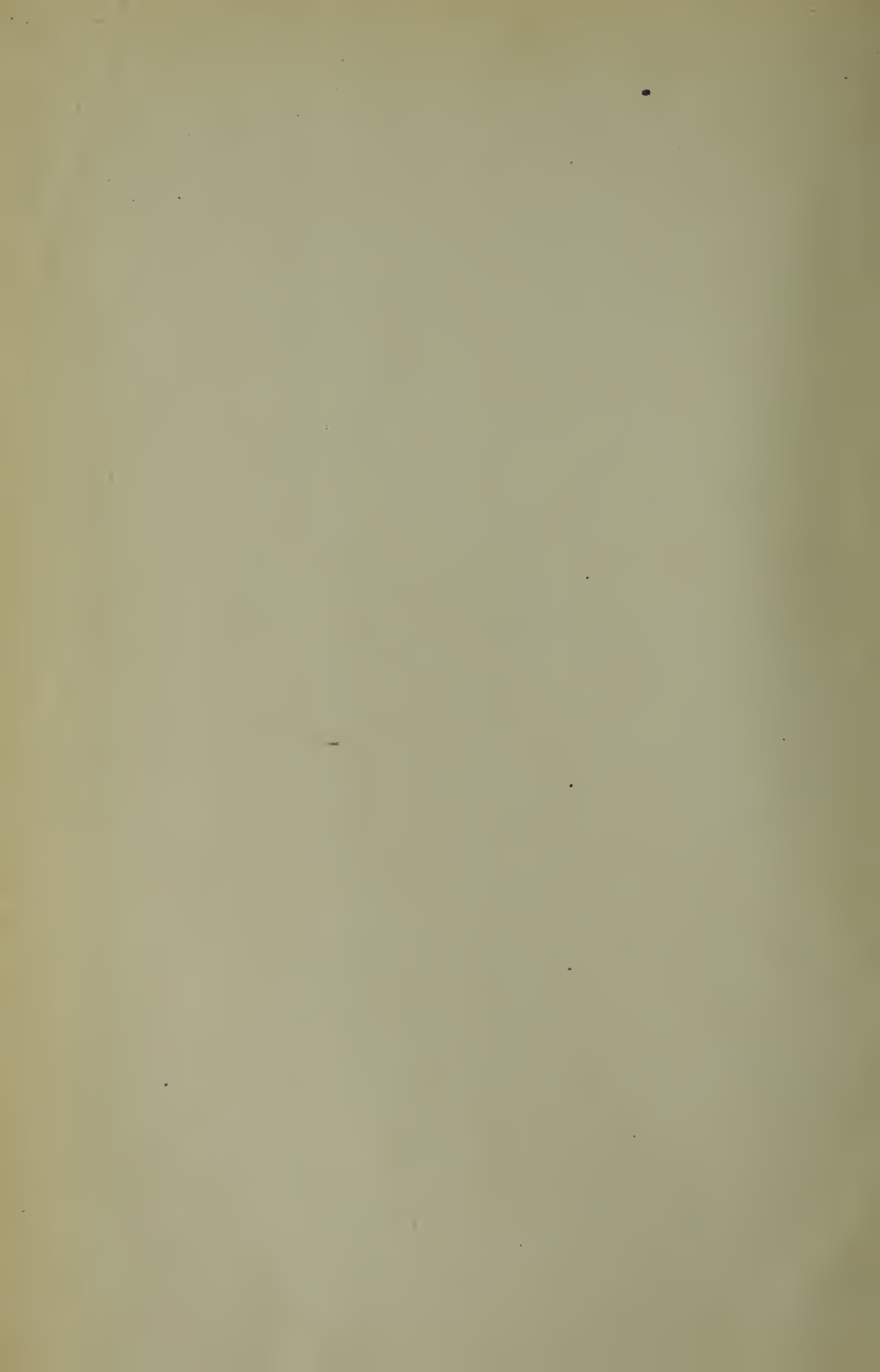
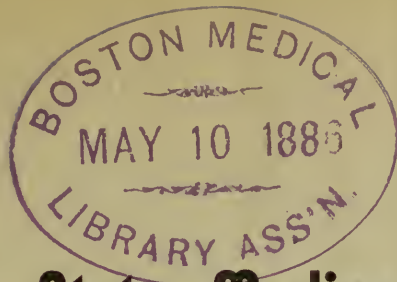


No.

BOSTON
MEDICAL LIBRARY
ASSOCIATION,

19 BOYLSTON PLACE.





The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, SEPTEMBER, 1885.

No. 1.

ORIGINAL ARTICLES.

A CASE OF DISLOCATION OF THE ASTRAGALUS.

BY P. D. BYRNE, M. D., DAVENPORT, IOWA.

On January 4, 1885, Frank Redfern, aged nineteen years, was wrestling with a companion of about his own age; his foot caught in the carpet, his companion either stepped on his ankle, or kicked him just beneath the internal maleolus of the right foot.

He supposed that he sprained his ankle. I was called, and saw the case about one-half hour after the accident, and upon examination found a lump on the outer side of the ankle and a hollow on the inner side; the foot was considerably inverted. I diagnosed it dislocation of the astragalus outward, and rupture of the external lateral ligament and of the anterior inferior tibio fibular ligament; also of the internous (calcaneo astragaloid). Allowing the fibula to be rotated or twisted, outward and backward, so that the astragalus glided outward and to the front of it. I sent for assistance to Dr Bracelin. When he arrived he confirmed my diagnosis. By firm extension and counter-extension, and by pressure on the bone it was replaced; then by grasping the bones of the leg at the lower end tightly, and by pressure with the thumb, it could be retained in position, but at my suggestion Dr. B. let it go, it glided out again, and we could see that the fibula rotated. We again replaced it, and placed a pad over it, and put on a roller bandage very tightly around the ankle and allowed it to extend up on the leg to about its middle and lower third. I let this bandage remain on for

ten days, then removed it; in the meantime there was no swelling, except in the toes and above them on the foot. After removing the roller bandage, I made passive motion of the joint; there was no swelling in the joint.

I then applied a plaster of paris bandage and let it extend up the leg the same distance as the roller bandage. I left this dressing on for a little over two weeks. I removed it, and again made passive motion of the joint. I then applied another plaster of paris bandage, as before, with directions to let it remain on as long as it caused no trouble. In the mean time the patient pursued his usual occupation, walking with the aid of a crutch on account of the stiffness of the bandage. It remained on for three weeks. I removed it and again made passive motion of the joint. There was no swelling, pain or stiffness whatever. I applied another plaster of paris bandage, with the same directions as before, *e. i.*, to let it remain as long as it gave no trouble. I did not see him for about two months after this time, when I was called to see another patient in the same house. He presented himself and said that his foot was all right; that he had left the bandage on for three weeks. When he removed it there was some stiffness, and it felt a little weak when he put his weight on it; it also swelled a little when the bandage was removed, but all passed away, and when I saw him last there was no indication that the joint had ever been injured. It was bandaged in all about nine weeks.

I present this case at the request of the society, because it is one of very rare occurrence; a few cases, only, being on record:

Hamilton says, "that all the bones of the tarsus may be dislocated, *singly* or in *groups*," and only adds: "to be careful not to mistake it for congenital malformation."

In Holmes' System of Surgery it is mentioned at more length. A dislocation of this bone is talked of in three ways: 1st. "A separation of the astragalus from the tibia and fibula, the bone holding its normal relation to the other tarsal bones." 2d. "A separation of the astragalus from the other tarsal bones, but retaining its relation to the tibia and fibula," 3d. "A complete separation from all the bones;" the last being the only true dislocation of the astragalus.

Boyer:—"Holmes' System of Surgery calls this double dislocation of the bone." According to Malgaigne they are more common than the subastragaloid, while Pollock believes them to be the most rare of all dislocations implicating this bone.

Holmes states that "it may be dislocated forward, backward, or laterally, and it may also be rotated to a greater or less extent on one or more of its axis."

DISLOCATION OF THE ASTRAGALUS FORWARDS.—In this form of dislocation the bone is thrown directly forwards, or what is more common, with an inclination of its head to the inner or outer side.

M. Rigal (*Philadelphia Medical Times*, Sept. 11, 1875, page 10,) reports a case of this kind, where reduction was accomplished successfully, and the patient recovered entirely in two months.

DISLOCATION OF THE ASTRAGALUS BACKWARDS—Is a somewhat rare accident, but two examples have been published by Mr. Benjamin Phillipps, in the *Medical Gazette* of 1845, Vol. xiv. An extremely interesting case is reported by Dr. Cleever in the *Boston Medical and Surgical Journal*, Aug. 26, 1875, where the diagnosis was fracture of the astragalus at its neck, with a dislocation of the whole body of the bone, inwards and backwards. Extension and counter-extension, flexion and tenotomy of the tendo-achillis, the tibial muscles and the long flexor, all proved unavailing; the leg remained immovably fixed upon a curved Potts splint, and the patient finally recovered with a tolerably useful foot.

The dislocated astragalus, instead of being thrown directly backwards, is sometimes found on the inner or outer side of the tendo-achillis, between this and one or other of the maleoli. An example of the displacement backwards and inwards, which was reduced, occurred at the University College Hospital, in the year 1839, and is reported in the July number of the *Lancet* of that year.

A compound dislocation of the astragalus backwards, and outwards, which could not be reduced, and in which the bone was therefore extracted, is reported by Turner, in his collection of cases.

Ashhurst's *Encyclopedia of Surgery* describes dislocation of the astragalus, as does Holmes, but further adds, that the bone may be driven upwards, between the tibia and fibula.

In backward dislocation the tibia is forced somewhat forwards, and the case resembles a backward dislocation of the tarsus. Sometimes, from the stretching of the integument over the astragalus,, in its new position the skin is ruptured, and the dislocation becomes compound, and from the great swelling and tension mortification may result.

Very little more is added in the work. Directions for reduction, such as extension, counter-extension, and turning the foot away from the side on which the bone is forced in order to allow a greater space for it to return.

Bryant's System of Surgery, 1885, page 854, says: "Phillipps and Turner each report a case in the *Medical Gazette*, 1834. They say: To be complete it must be compound; if not complete or compound it will become (both) by sloughing of the soft parts over it."

Boyer reports a case of lateral dislocation of this bone "in which no such complication existed."—*Guy's Hospital Reports*, 1861, p. 293.

Bryant reports a case in which there was dislocation with fracture; it could not be reduced; it sloughed and the fragments were removed; the foot placed in a good position; the result was a stiff joint.

Mr. Barwell relates a case in the *Med. and Chir. Trans.*, LXVI, 1883, in which he resected the astragalus with a good result. He says that the bone may be turned crosswise, so that the long axis looks across the joint, *i. e.*, at right angles to its normal position. This he calls "version." It may be turned antero posteriorly; this he calls torsion.

Bryant relates a case "in which he removed the necrosed upper part ($\frac{1}{2}$) that had been dislocated six months before; the upper part looked inward.

SCARLET FEVER has, it is alleged, been conveyed from an infected family to others in Jamesport, Long Island, by the total disregard of instructions from the Board of Health, who ordered the father to quarantine the family, the man contending that the disease was not contagious, and permitting members of his family to go and come at will. He is likely to pay the penalty of his disobedience and ignorance,

FOREIGN BODIES IN THE EXT. AUDITORY CANAL: SOME POINTS TO BE OBSERVED IN GENERAL AS TO THEIR REMOVAL.

BY HENRY B. YOUNG, A. M., M. D., BURLINGTON, IOWA.

Of the methods employed for the removal of the ordinary obstructions found in the Ext. Auditory Canal, it may be said that there is no lack of description in the books of *how* to use both the *force from behind* (represented by the syringe and warm water), and the *force from in front* (represented by the various excavating and extracting instruments, probes, forceps, curettes, etc.). The *when* to use them is also made plain enough by the injunction that the obstruction must first be known to exist, before any attempt at removal is made—this knowledge being gained, absolutely, by seeing and touching said obstruction.

But that one of these methods is not on the average so safe as the other; or that in a given case there may be a choice of methods, based as a reasonable choice should be, upon a due consideration of the action of the forces and the character and position of the obstruction to be removed, is not so plain.

To have an explicit declaration on these two points, in my opinion, is to have a declaration of the principles involved in the operation; and this declaration to be useful as a guide should, according to my experience, be expressed in something like the following terms:—

“If the obstructing mass is such that a stream of water may readily penetrate between it and the canal wall down to the drum-head, while at the same time the mass offers resistance to the return of the water, then the syringe and warm water will do the work quickly and well, and it is bad practice to use anything else; but if the mass is not such as to admit the water in this way and resist its return, it will not be removed without excessive use of the water, and recourse should then be had to such excavating and extracting instruments as are best adapted to the skill of the operator and the exigencies of the particular case. When inflammation is present and the parts are much swollen, it is sometimes

necessary to make a preliminary treatment for the inflammation."

That such a rule prescribes the safest course and the most rational, may be seen from the following—essentials provided for:

1st. It goes upon the basis that the operator has, by sight and touch, acquired an accurate knowledge of the mass to be removed.

2d. It recognizes the fact that so far as methods are concerned, the *syringe and warm water* should be considered first; being generally easy of access, in a large majority of cases the quickest means of relief, and requiring only the minimum of manual dexterity.

3d. It concedes the necessity, under proper circumstances, of a change of forces; but properly makes it the "dernier resort" because the *force from in front* requires more apparatus, the maximum of skill in manipulations, and consequently offers more chances for accidents.

On this last point only is there any need to go into particulars. It will be observed that two provisos are named under which it is proper to resort to instrumental removals. These are that the water is not readily admitted, or if admitted, meets with no resistance in its return.

As an illustration of the one, there is nothing better than accumulations of exfoliated and partially exfoliated crusts of epithelium. Here nothing is accomplished by syringing until the crusts have been soaked loose; and if the crusts are large, the soaking may have to be continued until the parts are practically macerated—to which there may be some unpleasant sequelae. I have lately seen several cases of this variety. In one of them the canal had been occluded for several years—the deafness being so complete that a watch heard distinctly by the other ear at fifty inches, was not heard even on pressure contact. The mass was found to be in two layers, the deeper layer being in close contact with the M.T. and so hard that when tapped by the probe, gave forth a sound like papier mache. The outer layer was removed with comparative ease by the water method. The deeper layer I tried by the same method at a second sitting, but made no headway. Believing that more soaking was necessary, I made a third appointment on the following day, the patient to do some soaking in the meantime at home. At this third sitting I found that the mass was loose and could be removed by

the forceps, and I so removed it. But the parts were waterlogged, and I had the patient under my care for a fortnight, with a well-marked *otitis externa diffusa*. In another case, that of a nervous child, where I was practically obliged to follow the same course, I had the same misfortune, to which was also added polypus.

As an illustration of the other proviso, anything which lacks body will do. Loose hairs sometimes become lodged against the Mt. and so give rise to considerable discomfort. Not long since I was called upon to remove an insect from a man's ear, which on inspection proved to be a small, thin-winged moth. It was quite dead. The syringe and warm water was at once employed, but failed utterly, even after repeated trials, and I was so surprised that my curiosity to know *why* led me to investigate. So under full light from the reflector I observed the course of the stream as it returned from the canal. The cause of the failure was then plain. The wings only extended out into the canal, the body being thin and lying flat in a groove of the cartilage. But these wings bent to the current, and as the water rushed by, laid flat on the canal wall. The return of the water was thus unresisted; in other words, it could get no purchase upon the object. The angular forceps was applied with immediate success.

In conclusion I have to say, that while I agree with Buck and others, that the amount of skill required for instrumental removals is not so great as some suppose, *provided the parts are well lighted* still, on account of the uncertainty, or difficulty of getting perfect quietude on the part of the patient, they are to be considered more hazardous, and should therefore be confined to the channels indicated. As to the remark of Buck (see his book in Wood's Library), that he can conceive of but two reasons why a surgeon should arise after diagnosing impacted crumen or the presence of a cherry-pit, pebble, or such like in a patient's ear, and get out a syringe and warm water; and these reasons are, that either he has no other instruments, or has not the skill requisite to use them; I can only say that in the light of thousands of prompt and safe removals of such objects, by such means (of which I have had a respectable proportion) the teaching is dangerous, and, if heeded, must serve to increase the number, already too large, of crippled and troublesome ears.

STATE BOARD OF HEALTH.

SMALL-POX AND VACCINATION.

MR. EDITOR: Thanking you in behalf of the State Board of Health for the use of the columns of your valuable REPORTER in bringing before the profession in the state the work of the State Board of Health, I have thought that the most practical and timely subject would be some facts relative to small-pox.

You will recollect that at the last meeting of the Iowa State Medical Society a prominent member of the society brought no little criticism, and indeed, considerable invective upon himself, by stating that preventive medicine (sanitation) and the practice of medicine were antagonistic; that an irrepressible conflict was being waged between them; that the active, busy practitioner, dependent upon his professional labors, was not the best man to put upon health boards, etc.

In order that the profession at large may disprove this assertion, it is hoped that the most vigorous measures will be taken all through the state to prevent the introduction and spread of small-pox. It is but a short time since the disease broke out in Montreal, Canada. The usual methods of denying its existence and disregard of means of prevention of its spread prevailed, and it was only after more than a *thousand* cases had actually occurred that they awaked to the necessity of adopting suitable means to stay its progress. It is said that among the means used to check its progress is a resort to prayer to Almighty God. Prayer for forgiveness for the mighty sin of omission is proper enough, but as the *Age* suggests, "We are of the opinion that those who combine vaccination with supplication will the more successfully escape the small-pox."

Among the unfortunate victims to the disease in Montreal is Sir Francis Hincks, showing that it is largely through carelessness that this disease spreads—a neglect of vaccination.

If the returns to this office prove anything, it is that vaccination protects; or if not a complete protection, which rarely happens, the milder form only appears.

Hence, I would urge upon the profession to see that general vaccination takes place. A good old custom in Pennsylvania was, and is, that the family physician never considered his duty to the new born babe entirely fulfilled until it had been vaccinated.

It is not the province of the Board of Health to decide upon the relative merits of bovine and human virus. The reports that come to this office show that there are a great many disappointments through the bovine virus; not always, perhaps not generally, the result of improper methods of vaccination.

Personally, where the physician *carefully* selects *from his patients* his virus, I believe he will have a larger measure of success, and there is no greater risk of blood contamination.

I have seen in my own practice, and had reported to me frequently, cases where very serious results followed vaccination, very extensive phlegmonous inflammation and phagadenic sloughing, with a general septic condition. In the majority of these cases I have learned that after the abrasion was made and the virus applied, whether human or bovine, a piece of "court plaster" moistened with saliva has been applied. It is possible—is it not *probable*—that under the combined influence of heat, and the prevention of evaporation animal decomposition takes place and its products are absorbed, and as a result, sepsis and all its attendant evils? For years I have carefully avoided the plaster, and have not had a bad result since.

Vaccination and isolation should go hand in hand in all suspected cases—in all who have been known to be exposed and have not been properly protected. Then the profession should realize that it is a great deal better to declare a suspicious case small-pox and treat it accordingly, even though mistaken in diagnosis, than to have the disease spread through a failure to detect it. The epidemics that have occurred in this state during the last two years, in all cases, were the result of a failure to recognize it in the start, and to persist in denying its existence, until a great many had been unfortunately and criminally exposed. *In all cases where the disease was promptly recognized and prompt isolation and vaccination resorted to there was no spread of the disease.* Surely such a result needs no comment. The triple safety of the people from this fearful scourge

is VACCINATION, ISOLATION and DISINFECTION. The people look to the profession for protection, and reasonably, too.

Let me suggest another source of the spread of the disease, and that is by means of the public highways—by travel. It is reported that the disease has lately appeared in southern Minnesota and northern Iowa—transported, doubtless, from Canada. . Notwithstanding inspectors have been appointed at Detroit and Port Huron, it will be impossible to prevent its importation into the states. The temptation is strong, if a suspicious person is found in a place, to ship him to the next station—anywhere to get rid of the risk and expense of taking care of the party.

A few years ago, before the days of local and state boards, a party came into my office in this city (Des Moines), seeking advice and treatment. I suspected small-pox, and after stoutly denying any exposure, he finally admitted that he had not been vaccinated, and that two of his fellow showmen had been laid off with the disease. When I assured him that he had small-pox and that he would have to be taken care of, he said his home was in Clinton county, Iowa, and that he would go there. He said he would go to the Rock Island depot, take a sleeper, go to West Liberty, thence to Cedar Rapids, and thence to his home in Calamus. . I stepped to the door, locked him in the office, and went to the mayor and informed him of what I had done. The mayor replied, "Why the thunder didn't you let him go? What can *we* do with him?" After three days' delay he was taken to a rudely constructed pest house, and a nurse employed. He died a few days after of malignant confluent small-pox. Comment as to the consequences of his proposed trip and the action of the mayor is unnecessary.

The law now justly imposes a heavy penalty upon such willful exposure (see Chap. 102, laws of last Legislature 1884).

I earnestly hope that the profession, whether connected with boards of health or not, will promptly see that *every* precaution is taken to limit the disease, should it break out, to the greatest possible extent. It is good to trust in Providence *and* in vaccine virus, isolation and disinfection.

The Board will cheerfully furnish to any one applying its late circular on "The Restriction and Prevention of Small-pox."

J. F. KENNEDY, M. D., *Secretary*.

SOCIETY REPORT.

THE COUNCIL BLUFFS MEDICAL SOCIETY.

The annual session of this society was held at the Pacific House Wednesday evening, August 12th.

There were present Dr. H. W. Hart, president; Dr. J. M. Barstow, secretary; Dr. C. Deetkin, treasurer; and Drs. Lacy, Green, Macrea, Seybert, Cleaver and White.

Dr. Macrea moved that the secretary be instructed to furnish an abstract of the proceeding of the society each month to the IOWA STATE MEDICAL REPORTER for publication. Adopted.

Dr. Cleaver then read a paper on "Transfusion as a means of resuscitation." The discussion of which was deferred, under the rule, until the next meeting.

There being no subject for regular discussion, the subject of compound fracture of both bones of the arm at or near the wrist joint was taken upon inquiry as to what would be the best treatment in such a case. The majority of the speakers favored amputation.

Election of officers resulted as follows: President, Dr. T. B. Lacy; vice-president, F. M. Powell, Glenwood; secretary, Dr. J. F. White; treasurer, Dr. F. T. Seybert; board of censors, Drs. Macrea, Deetkin and Cleaver. Adjourned.

AUGUST 26, 1885.

Society met at 2 o'clock P. M.

Dr. Lacy in the chair. Members present, Drs. Lacy, Seybert, Cleaver and White.

No quorum being present, adjourned to meet September 9, 1885, at 8 o'clock P. M.

SEPTEMBER 9, 1885.

The society met in regular session at the office of Dr. Macrae, Wednesday evening, September 9th, 1885, and was called to order by the president, Dr. Lacy. Members present: Drs. Pinney, Seybert, Macrae, Green, Deetkin, Cleaver, Lacy and White.

The president then delivered his inaugural address, which was

very interesting, and offering many suggestions of interest to the society and profession, for which he received the thanks of the society. The question of founding a free dispensary was discussed without action by the society. Dr. Macrae moved the appointment of a committee of two to present resolutions at the next meeting, expressing the sentiments of the society regarding the action of the American Medical Association, in enlarging the committee to invite the International Medical Congress to hold its next meeting in Washington. Carried. Drs. Macrae and White, committee.

Dr. Cleaver's paper on Transfusion, or the Intravenous Injections of Saline Solutions, was then very briefly discussed by the society.

A rather desultory discussion of various subjects engaged the attention of the society for a short time. Drs. Deetkin and Pinney essayists for the next meeting. Adjourned.

SEPTEMBER 23, 1885.

Meeting called to order at same place by the president, Dr. Lacy. Members present: Drs. Pinney, Macrae, Cleaver, Seybert, Lacy and White.

The committee appointed to report resolutions indicative of the sentiments of the society regarding the American Medical Association and the International Medical Congress, reported as follows:

WHEREAS, The next International Medical Congress will convene in Washington, a congress invited to this country by the authority and in the name of the medical profession in America, as represented by the American Medical Association, and,

WHEREAS, Certain Eastern publications are using their utmost endeavors to foment discord and prevent a successful meeting, therefore,

Resolved, That we uphold and fully endorse the Association in its action, and earnestly desire a harmonious and successful meeting;

Resolved, That we regard the action of the *New York Medical Record*, *Philadelphia Medical News*, and other periodicals which imitate them, as detrimental to the best interests of the profession,

wholly unworthy of our approval or support, and unbecoming gentlemen of high professional character;

Resolved, That a copy of these resolutions be sent to the editor of the *Journal of the American Medical Association*, for publication.

Reports of cases were then made, including one by Dr. Pinney, who stated that in drawing the milk from the breasts of a primipara that day, with a pump, the milk escaped at an innumerable number of openings in the areola for about the space of half an inch around the base of the nipple.

Dr. White read the report of a case of amaurosis from excessive loss of blood in an abortion at the fourth month, with flattering prospects of a final restoration of vision.

Dr. Pinney also reported a case of what at first was supposed to be a milk abscess, the lady having been confined about seven weeks ago, under the care of Philistine, but which he was now inclined to regard as of a malignant character, in which opinion the society concurred.

Adjourned.

J. F. WHITE, *Secretary*.

SELECTIONS.

SCHOOL MACHINE WORRY, WHITHER DOES IT TEND?

Dr. Wright, in a paper in the last report of the Tennessee State Board of Health, sets forth with vigor some of the evils connected with the school system of this state. As his state is a fair representative of the average state, we have selected this report as expressing some of the obvious evils connected with our school system.

1. Emulation in a variety of ways takes largely the place of the rod of forty years ago. The physiologist who looks at the matter will find that the change is not for the better in so far as the health of the child is concerned. The whip does its work quickly and is over, the child going about its tasks or play. But the goad of emulation never ends. Its influence upon the older girls is especially powerful. By it all sanitary precautions are

swept away. Vehement excitement, with alternate elevation and depression of spirits in rapid succession are incessantly harassing the brain and nerves. This does not end with the school hours, but often extends through the play hours, and not infrequently through sleep.

2. The grading of the pupil is also a perpetual source of worry. Will I pass or shall I be set back in grade? Such is the question children are led to ask, rather than some intelligent query respecting the subjects of study. It is this grading stimulus that is the motor power of both the average teacher and scholar. The hope to get into the next grade and the fear that the pupil may fail keeps the pupil in a state of worry.

A boy finds himself literally part of a great machine. If he can work as does the machine he is all right, but if he cannot he is crushed. Failure to keep up with the machine implies disgrace, loss of self respect and confidence, grieved or angry parents, the jeers of school-fellows, etc. Often sickness compels him to desist, so that days and weeks are finally lost, and so the grade is lost. Besides he often feels that his rights have been outraged, that he is a better scholar than one who has walked by him.

There are in general two grades of minds—one is quickly perceptive and the other is the reflective. The latter is the one who is most likely to suffer by the school machine. In it is no provision for the reflective mind. Of course if the physical frame be one of iron the boy may survive and become a great mind. But the masses are not so. The results as given by the author, and as they may be seen in any large town are "In after life, helpless, hysterical women; feeble, irritable men, and, in extreme cases, epilepsy, idiocy, and insanity."

The teachers also suffer from this machine. The writer says that a truly healthy woman teacher is rarely found in the public schools of Tennessee, and almost all teachers are women. An ex-superintendent of the state is a palsied man, also an existing superintendent of the largest city school.

Other great evils of this school machine are obvious to every thoughtful physician. The query constantly presents itself, what can be done to avert these evils?

1. It may be settled that proportionately more money cannot be obtained for educational purposes.

2. This being admitted, it is clear that the present assessments must be made to go farther. This cannot be done by lowering the wages of the teachers, as they are already at starvation rates.

3. It will diminish the number of students for each teacher to forbid children entering the public schools before they are eight years old.

4. It will diminish the labor of teachers to reduce the school hours of all children under twelve years of age one-half.

5. It will increase the funds for hiring teachers to abolish all high schools.

In these ways more funds are saved to hire more teachers for the students between the ages of eight and time of entering the high school. With this increased number of teachers and diminished number of scholars to each pupil, it will be possible to make the process of teaching less an inexorable machine, and more an artistic work by which each pupil will have more of such a specialized training as his nature calls for. In these ways the machine worry of the public schools might be measurably diminished to the point of greatest benefit to all interested parties.—*Detroit Lancet*.

SYNOPSIS OF A COURSE OF SANITARY TRAINING FOR THE PUBLIC SCHOOLS.

BY A. W. LEIGHTON, M. D., NEW HAVEN, CONN.

Although an extended discussion of the merits of my proposition would be out of place here, yet as the above caption is not likely to attract unwilling eyes, a brief outline may prove acceptable; and the headings merely of the various points that should receive attention in planning a practical public school course of this kind will perchance serve as help to reflection and to a satisfactory conception of the wide scope and possibilities of this subject.

The instructor in hygiene in the public school should be not only a teacher but a public officer; a skillful physician capable of recognizing diseases, contagious or otherwise, in the incipient stage, and of banishing them or managing them, as the case may require,

with reference to the interests of both the sick or weakly and the well, whose safety may be imperiled.

Sanitary instruction or information should practically be limited to the older children and teachers. Physical supervision and training, properly so-called, should, however, apply with equal care to all ages. For convenience, and at the discretion of the physician, the children of the two highest grades, or of those classes in mixed schools corresponding to these grades, should be separated into two divisions according to sex. These should be taught the principles of sanitary science, using this term in its widest sense so as to include personal hygiene. The instructor will take advantage of the fact that he deals with beings who already know what it is to be sick and to lose friends unnecessarily, and whose minds will readily appreciate examples not only of the direct results of disease but also of some of the simpler remote results.

Personal hygiene should early receive attention, but from the outset the fact should be emphasized that the individual or family even may enjoy excellent health and yet prove the victims of public ignorance and the neglect of concerted action.

A child of twelve to fifteen years should know, before all else, how to run that complex machine we call the human body, and how to preserve its intricate mechanism from harm. Such a child should have a definite idea of the evils resulting from improper diet, dress and repose; those that arise from compression and exposures of the body; from the abuse of the eyes and neglect of the teeth; the deleterious effects of certain trades and industries; the dangers incident to domestic medication and to the consumption of nostrums of unknown composition for the cure of maladies, of whose nature people are equally ignorant. It is safe to assume that a knowledge of the meaning of the death-rate is more important than, say, an equal degree of proficiency in extracting the cube root; and children can appreciate the principal causes of its variation in different localities, as also the value of health officers, quarantine, sewerage, scientific plumbing, heating and ventilation, the avoidance of soil and watered pollution—in a word, the value of personal and public cleanliness and what it implies. These children should be warned of the pernicious effects of worry, and be

shown the necessity for relaxation. The hygienic, as well as the moral bearing of vice and intemperance should be pointed out, as well as the fact that vice and several physical and mental diseases are commonly perpetuated through heredity, infractions of whose more obvious laws bring down a heavy penalty.

Such elementary instruction might be secured at an expenditure of no more than one hours time in each fortnight throughout the school year, and would serve well to usher children into that dawning period of reflection when it is becoming necessary for them to be somewhat thoughtful and careful of themselves. They would ever after be better able to maintain their own health, and to act harmoniously as citizens for the public good.

Special preparatory training would enable teachers to cooperate with the physician. Teachers should be able to note the symptoms of incipient diseases; should report cases of incontinence of urine and facts that are so commonly ignored or punished indiscriminately as misdemeanors. Vomiting, eruption, etc., should be reported. They should carry out an approved system of physical exercise both indoors and out; should drive out of doors and stimulate the sluggish into healthy activity; restrain the reckless, and accustom the over-heated to protect themselves. The health of teachers, no less than pupils, should receive attention. Commencing at the time of their application for positions as teachers, and from thenceforth this supervision could be productive only of good both to teacher and public. Weakly and sickly teachers, peevish and inefficient on this account, though otherwise learned, would be excluded; while on the other hand abuses would be pointed out when they occur where teachers of even robust constitution suffer in health from the unreasonable demands of the school service, which is everywhere at fault in over-crowding the rooms and exacting excessive work and care. The sins of the public in its false economy could then no longer be excused as unwittingly committed for cases of over-pressure of either teacher or pupil could be exposed with little delay.

Each child should, on entering a school, be examined to detect, so far as practicable, any marked weakly or diseased tendency, and its status should be recorded.

Supplied with blanks, the physician could promptly notify parents of diseases observed by or reported to him. He would also be in a position to inform parents and teachers of any modification of development or study that should be indicated, and to render advice more or less pertinent to the children's educational success, such as to enjoin rest or more vigorous outdoor exercise; to provide warmer clothing; to have the teeth cared for by a dentist; to consult a physician; to use the eyes less or to provide glasses; to vaccinate; to get a truss; to lessen the brain-work of excitable or highly impressionable children, or possibly to withdraw them from school for awhile. Fainting, hysterical and other fits should be noted and referred to the physician, who should determine their probable cause and indication so far as education is concerned.

Public school exhibitions for the mere sake of sensation and show are senseless and harmful. Their legitimate function is fulfilled when parent, teacher and pupil are thereby given a more perfect conception of the purpose of the public school and of the character of the work that is required to develop children into men and women and fit them for life as they will find it. In other words, their purpose should be to favor cooperation of these three factors—parent, teacher, pupil—in educating one of them, and at few other times would it be so convenient to interest parents in securing a healthy, physical growth for their offspring, to keep pace with and give stability to their intellectual growth. The attainment of this balance is not a fanciful advantage, but a necessity, for in the experience of mankind the development of the mind and of civilization, and the care of the body and the cultivation of the science of health have exhibited a reciprocal interdependence.—*People's Health Journal*.

DIRECT INOCULATION OF THE HUMAN BEING BY TUBERCLE.

Dr. E. A. Tscherning (*Fortsch. De. Medicin.*) reports the following almost unique case:

A healthy female cook, aged twenty-four, served with a gentleman who soon died of acute tubercular consumption. While staying with him she one day injured herself on the palmar surface of

the first phalanx of the right middle finger by a broken piece of his cuspidor entering her finger. The sputum which was then in the spittoon was examined by T. and found to be full of tubercle bacilli in almost their pure culture. About a fortnight after the injury the first symptoms of panaritium developed themselves in the finger. Suppuration did not ensue but, instead of it, soon after a nodule of the size of a split pea could be felt in the subcutaneous tissue. An incision was made, and lying between the sheath of the sinew and the skin was found the granulating growth, which was destroyed with the sharp spoon. The wound healed within one week.

A few weeks later, patient complained of pain on flexing the finger. The parts then appeared swollen, and at the same time the axillary glands were enlarged, but the lungs apparently healthy. The glands now were removed, and the finger amputated below the affected part and the sinew also extirpated. Cured within two weeks; patient discharged. A microscopical examination showed that where the first growth had been removed new granulations had formed. These and the destroyed sinew, as well as the axillary glands which had been extirpated, were found to contain a considerable number of tubercle bacilli. They mostly were met with alone, here and there two and three were found together, and many of them were provided with spores.

Several months later the patient was still in perfect health; the stump was in excellent condition, and, notwithstanding the most thorough physical examination, no disturbance whatever could be detected in the lungs.

The case is decidedly interesting. As far as we know, the pus from a panaritium has never been examined with a view to discover micro-organisms. The co-affection of axillary glands in the case of inflamed fingers is by no means a rare occurrence. We must, therefore, express our doubt if the direct inoculation in Tscherning's case was proven. The girl may have had a common felon, and the latter may be caused by bacilli *looking* very similar to those of tubercle, for already three such kinds of bacilli exist (glanders, tubercle and anthrax), which can only be distinguished from each other by pure culture and study of their different behavior while thus developing. Still, it is possible that a panaritium is always due to tubercle-bacilli of a separate species.—*Medical and Surgical Reporter.*

A CASE IN WHICH THE ENUCLEATION OF AN EYE FOR GLAUCOMA ABSOLUTUM WAS FOLLOWED WITHIN THIRTY-SIX HOURS BY AN ATTACK OF ACUTE GLAUCOMA IN THE FELLOW EYE.*

BY DAVID WEBSTER, M. D., N. Y.

Thomas B., aged fifty-four, a native of England and a cutter by occupation, came to me at the suggestion of my friend, Dr. Thomas H. Holgate, of New York, on September 23, 1884. He recollected that upon more than one occasion, in early life, he had received blows, more or less severe, upon his right eye. He was not aware of any impairment of vision, however, until the year 1874, during which he lost the sight of his right eye from successive attacks from what appears, from the history, to have been inflammatory glaucoma. From that time the eye has been sightless and frequently bloodshot and painful.

The left eye had never given him any trouble until within the last few months. Within that period it had been the subject of more or less frequent attacks of cloudiness of vision, but always without pain. A week before he came to see me he had attended a "Society meeting" at Coney Island; had eaten, drank and smoked excessively, and had been greatly alarmed by a consequent obscuration of vision, so extreme that during the evening he "could not discern objects at all." He awoke the next morning, however, with the sight fully restored, and, since that time, has used neither tobacco nor spirits.

Upon examination I found:

Right Eye pupil dilated and fixed, giving a greenish reflex, anterior chamber shallow, emergent ciliary vessels enlarged and tortuous, entire ciliary region of a darkish hue as from thinning of the sclera, so much opacity of the dioptric media as to prevent a view of the fundus and the tension much increased (plus 3.) There was also a moderate amount of divergent squint.

Left Eye, vision = $\frac{20}{xv}$, H. m. $\frac{1}{42}$, some central depression of a slightly hyperaemic optic disk, pupil small and quick, tension normal, no limitation of visual field.

* Read before the American Ophthalmological Society, July 16, 1885.

As there was, as yet, no permanent impairment of the vision of the left eye, I decided to keep the patient under observation and see how corrected personal habits would influence his eye trouble. I told him to live temperately and come to see me again in a week.

He returned on September 23. Meanwhile, he had experienced two attacks, in the two weeks, similar to that which he had on Coney Island. The last and worst of all he attributed to his having eaten a peach, which caused indigestion. It began at 5:30 P. M. and had not abated when he was put to bed. As before, when he awoke in the morning it was gone and he saw as well as ever. Upon consultation with Dr. C. R. Agnew it was now decided that it would be best to remove the useless and mischievous right eye. Accordingly, with the assistance of Dr. Holgate and Dr. Frank W. Ring, I placed the patient under ether and enucleated the eye on September 29. For thirty-six hours after the operation the patient got along as well as could be expected, but when I visited him on the second morning, the morning of October 1, I found him suffering from an attack of acute glaucoma in his remaining eye. His wife informed me that he had been "vomiting and crazy with pain all night." He was still able to count fingers at five feet. His eyelids were slightly swollen and suffused with tears, his eyeball was red and slightly chemotic, his pupil dilated and fixed, his anterior chamber shallow, and the tension of his eyeball greatly increased.

As I was unprepared to operate I placed the patient upon the use of eserine, one per cent solution, every two hours, and iced cloths constantly. In the afternoon, at 4 o'clock, I found that there had been no further deterioration of vision, and that the pain, though not entirely relieved, was much less. Dr. Ring again administered ether and I performed an iridectomy upwards.

October 2. No pain since operation; sight much better; no lachrymation; swelling of lids and of conjunctiva unimproved.

October 4. Tells time of day on watch, no pain. Dropped in a drop of a solution of sulphate of atropia, four grains to the ounce, to prevent adhesions.

October 5. Had slight pain last night for a few hours. Lids still somewhat swollen and eyeball quite red. Anterior chamber beginning to be re-established.

October 14. Comes to the office wearing an artificial eye. Vision $= \frac{20}{xxx}$; eyeball still a little red.

October 18. Vision $\frac{20}{xx}$; to go to work.

November 17. Vision continues $\frac{20}{xx}$; eye looking well and patient pursuing his occupation without difficulty.

The enucleated eyeball was examined by Dr. E. M. Culver, of New York, who kindly furnished me with the following statement:

"I find some cupping of the optic papilla; not enough, however, I think, to make a positive diagnosis. The lens shows a disarrangement of some of the posterior layers of fibres, and must have been opaque, to some extent, before treated with fluids for hardening. The retina seems everywhere to be separated from the choroid (perhaps by contraction of the celloidin in which it was embedded) and shows, at various intervals, large vessels in an advanced state of atheroma with very great thickening. These vessels must have been very plainly seen on examination, if the lens permitted a view of the interior of the eye.

"Certainly the diagnosis of glaucoma absolutum is established, with, perhaps, the addition of some nephritic trouble."

In the *Medical News*, Vol. XI, No. 8, I published nine cases, most of them operated upon by Dr. C. R. Agnew, in which an iridectomy on one eye seemed to precipitate an attack of acute glaucoma in the other eye. Many other ophthalmic surgeons have observed similar cases, before and since. But the above case is the only one that has fallen under my observation in which *enucleation* has produced the same unpleasant result. I believe it to be the first case of the kind ever reported. One of my ophthalmic friends suggested to me that it was a *coincidence*, and that it would have happened at that time, just the same, if the other eye had not been touched. I am inclined to think, however; that this was not the case. It was so similar to so many cases I have seen in which acute glaucoma in one eye followed iridectomy in the other that I am persuaded that the attack was *precipitated*, or brought about before its time by the enucleation. I suppose a sufficiently extensive experience will show us that *any operative interference with one eye of an etherized patient may excite acute glaucoma in the other, provided always that it be strongly predisposed to that disease.*—*Am. Journal of Ophthalmology*.

DANGEROUS PHYSICIANS.

The dangers to health which are due to ignorant and careless plumbers have been much insisted on of late years; architects have received their share of criticism for the want of attention to ventilation and other sanitary requirements which their plans not unfrequently display; merchants are reproved for adulteration of food, for desiring to import rags as cheaply as possible, and protesting against the detentions of quarantine, and manufacturers are solemnly warned of the evils which they are causing by the pollution of streams and the production of effluvium nuisances—but the possibilities of the causation of disease through want of knowledge or disregard of well known precautions on the part of physicians do not seem to have received the attention which they deserve.

The possibility of the conveyance of contagion from one family to another by the doctor has, it is true, been occasionally commented on, and it is now a well recognized rule in the profession, based on the sad experience of former years, to avoid labor cases when one has cases of puerperal fever or erysipelas in his practice; but there are still too many physicians who will go directly from a case of scarlet fever to another house containing children without taking any special precautions, and they may do it even while insisting on careful isolation of the scarlet fever patient, and not even allow him to be visited by a playmate who has not had the disease.

There are also physicians who pay entirely too little attention to the isolation of patients suffering from contagious diseases, whose sole thought seems to be the treatment of the case, without reference to the prevention of evil effects to others, and whose ideas about disinfection are so exceedingly vague and hazy that one may be pardoned for suspecting that they knew very little about the recent advances in our knowledge on this subject.

There are even a few doctors—to the honor of the profession, be it said, they are but few—who are so indifferent to the public welfare, when this seems to conflict with their patient's interests or wishes, as to be willing to aid in the concealment of the existence of a disease dangerous to the community.

It is perfectly true that the great mass of the medical profession are the best friends of public sanitation, that to them is due largely not only the discovery of the causes of the disease, but the teaching of the people as to their prevention, and that the majority do insist upon precautions being taken to prevent the spread of disease, or to prevent its recurrence in a house which they have reason to think is in bad sanitary condition. But this is not the case with all of them—more is the pity.

In our editorial of last week on the Plymouth epidemic, allusion was made to the report that the physician who attended to the first case, which seems to have been the cause of all the others, gave as an excuse for this want of attention to the proper disposal of the dangerous excreta, that he did not know that the stream running by the house was a source of water supply. This is the old story, "he didn't know it was loaded." It is the business of the physician to know what is done with the excreta of a typhoid fever or cholera case, or with clothing or bedding soiled by them; he ought to know that they are dangerous; if he does not know this, he is unfit to practice his profession, and knowing it he must be held responsible for not having warned the people. A community has the right to demand of its physicians that they shall use their knowledge for the prevention as well as the cure of disease, and it has a right to demand that they shall possess the knowledge which they claim to have by the mere fact of offering their service as physicians.

We have been slow to recognize this right in this country, but in a few States the principle is established that a man claiming to be a physician must give satisfactory evidence of his qualifications to practice, and in Illinois one of these qualifications is required to be graduation at a school in which hygiene forms a part of the course of instruction. It is true that this is not very satisfactory evidence that he is properly instructed in preventive medicine, but it is a long step in advance, and if other states would only do their duty as well, it would be a vast improvement on the present condition of things.

Meantime our readers will do well to note the amount of attention which their own physicians give to the prevention as well as

to the treatment of diseases, for in this, as in many other things, the mercantile adage holds good, that "demand create supply."—*The San. Engin.*

CONTRIBUTIONS TO DERMATOLOGICAL THERAPEUTICS.

The *Journal of Cutaneous and Venereal Diseases* contains an article by Dr. Putnam, of Binghamton, N. Y., summarizing the recent advances in cutaneous therapeutics, from which we glean a few practical suggestions.

The oleates, valuable remedies added to our therapeutics within recent years, are strongly advocated, especially by Dr. Shoemaker, of Philadelphia. It is claimed that they possess over the ordinary ointments the following advantages: their deep penetration, freedom from rancidity, cleanliness of application, economy, and antiseptic and deodorant properties. The oleates of copper, mercury, bismuth and zinc are those in more common use; the oleate of copper in ringworm and the removal of freckles; the oleate of mercury in the inunction treatment of syphilis and the various parasitic diseases; the oleate of bismuth in rosacea; and zinc oleate in vesicular eczema and excessive local sweating.

Other useful remedies, especially in the moist cutaneous diseases, are the medicated powders, recently brought to the notice of American dermatologists by Dr. Faithful, of Australia. The powders are very simply prepared. The remedy to be used is first dissolved in alcohol, ether or chloroform, and the solution then mixed with starch or French chalk. After evaporation, without the aid of heat, a fine medicated powder remains. In this connection we recommend as useful "Anderson's Dusting Powder," composed of a drachm and a half of camphor, half ounce of zinc oxide and one ounce of starch. These medicated powders are more especially useful in the moist skin diseases, as vesicular eczema, herpes, ulcers, chafing, etc.

In psoriasis, the bromide of arsenic internally, and chrysarobin pigment externally, are recommended by Dr. Corlett, of Cleveland, Ohio. For the same affection, Dr. Greene, of Christiania, recom-

mends the iodide of potash, in doses ranging upward, from ten to fifteen grains twice or three times a day; Dr. Geo. H. Fox, a two to five per cent solution of salicylic acid in castor oil. Dr. F. also proposes for psoriasis the following prescription:

R.	Chrysarobin	-	10	parts.
	Salicylic acid	-	10	"
	Ether	-	15	"
	Flexible collodion	to	100	"

This combination does not produce the staining of the skin, injury to the clothing, and in some instances, the dermatitis, which most of those who used the chrysophanic acid must have observed.

In *acne vulgaris*, Dr. Piffard, of New York, recommends the bromide of arsenic in 1-100—1-50 grain doses, twice or three times a day.

In *eczema marginatum* and in ringworm in general, Dr. R. W. Taylor, of New York, recommends a solution of the bi-chloride of mercury in the compound tincture of benzoin, or any gum resin, in the proportion of two to four grains to the ounce. The resin holds the bi-chloride in contact with the diseased skin.

In *eczema*—reported in connection with a case of *eczema* of leg—Dr. Morrow, of New York, suggests a gelatin plaster, composed of one part of glycerine, four of gelatin, and eight of water, medicated with ten per cent of oxide of zinc and one per cent of carbolic acid. This plaster may be spread on muslin and evenly applied to the inequalities of the surface.

Observations are being made on the dermatological uses of the hydrochlorate of cocaine. This last promises to be a most useful agent in the therapeutics of cutaneous diseases.—*New Orleans M. & S. Journal*.

OBITUARY.

H. L. WHITMAN, A. M., M. D.,

Died—August 17, at 1:40 a. m., Dr. Lyman Whitman, in the seventy-first year of his age. He was the oldest son of Deacon Samuel and Elizabeth Howard Whitman, was born in West Hart-

ford, Conn., December 30, 1814; prepared to enter college, first studying at home and reciting to the Rev. Dr. C. L. Henry, afterward at East Hartford and Amherst academies. He entered Amherst college 1835 and graduated in 1839. During his college course he taught two winters in Greenfield, Mass. After graduating he came West and taught one year in Tennessee, and one year in Missouri. He then returned to Connecticut and studied medicine with Dr. Welch, of Weathersfield, Conn; attended medical lectures at Jefferson Medical College, Philadelphia, and graduated in the spring of 1845. He commenced the practice of his profession at Freeport, Illinois, remaining there but two years, then removed to Dubuque, Iowa; where he practiced five years. He came to Des Moines in August, 1853, and continued in active practice until 1875, enjoying the confidence and esteem of all who knew him as a man and a physician and surgeon. He was the first president of the Polk County Medical Society, and for many years one of its most active and honored members. Remarkable for his jealousy of the honor and standing of the regular profession he ever opposed charlatanism in all its forms. He was a model representative of educated physicians and an honor to his chosen profession. Within the last fifteen months one brother and two brother-in-laws have died, and now he is called away while his mother is in her 95th year survives him, still enjoying a clear and bright intellect, though physically feeble. In his death his family suffer the loss of a kind and loving husband and father, the community a good and generous citizen, and the profession one of its most honorable and skilled members."

Polk County Medical Society in special session August 18th 1884, passed the following resolutions:

WHEREAS., Our highly esteemed brother H. S. Whitman, A. M., M. D., has been removed by death; therefore,

Resolved, That, in this afflictive dispensation we realize most keenly that death comes alike to the physician and his patient.

Resolved, That, during the entire existence of this society, Dr. Wightman was an esteemed and useful member, and that his life was one of successful labor in his profession, that his attendance at the meetings of the society was a constant source of pleasure and profit

to us, that his ripe experience and deliberate judgement were always helpful to us, and that in his professional intercourse he was the soul of honor.

Resolved, That, as a member of the American Medical Association, the Iowa State Medical Society, and the Polk Co. Medical Society (of which he was the first president), as well as the community at large, we commend his professional worth and integrity, his devotion to principle and honor, his eminent qualities as a public spirited citizen and his irreproachable moral character as most worthy of emulation.

Resolved, That, we tender to the family and friends of the deceased our most heartfelt sympathy, feeling their loss is ours as well as that of the entire community.

Resolved, That, as a tribute of respect for the memory of our deceased brother that the members of Polk County Medical Society attend the obsequies in a body.

Resolved, That this memorial be spread upon the records of our society, that a transcript hereof be furnished to the Iowa State Medical Reporter for publication and that this copy be presented to the family of the deceased.

J. O. SKINNER,
C. E. CURRIE,
LEWIS SCHOOLER,
Committee.

NOTES.

SCOTT COUNTY.

Dr. W. L. Allen, of Davenport, was married on October 1st. The REPORTER extends congratulations.

MUSCATINE COUNTY.

Dr. S. Merrill has removed from West Liberty to Muscatine.

Dr. C. S. Merrill, of New York, has lately located at West Liberty.

Dr. Steen, of Muscatine, has removed to London, Cedar county.

Drs. Geo. O. Morgride and S. M. Cobb have been lately removed from the pension examining board at Muscatine, and replaced by Dr. Austin, a homeopath, and Dr. Ross, an eclectic. Dr. Morgride was a captain in the Eleventh Iowa Infantry, and Dr. Cobb, surgeon of the Thirty-fifth Iowa.

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR JULY, 1885.

	M.	F.	T.
Remaining June 30, 1885	291	253	544
Admitted in July	25	16	41
Returned from visit during the month	0	0	0
Total under care during the month	316	269	585
Discharged during the month	19	16	35
Daily average under care	295	253	548
Discharged, recovered	6	1	7
Discharged, improved	10	4	14
Discharged, unimproved	4	7	11
Discharged, died	1	2	3
Remaining July 31, 1885	297	253	550

REPORT FOR AUGUST, 1885.

	M.	F.	T.
Remaining July 31, 1885	297	253	550
Admitted in August	19	10	29
Returned from visit during the month	2	0	2
Total under care in the month	318	263	581
Discharged during the month	17	8	25
Daily average under care	297	256	553
Discharged, recovered	9	4	13
Discharged, improved	5	1	6
Discharged, unimproved	1	1	2
Discharged, died	2	2	4
Remaining August 31, 1885	301	255	556

REPORT FOR SEPTEMBER, 1885.

	M.	F.	T.
Remaining August 31, 1885	301	255	556
Admitted in September	19	11	30
Returned from visit during the month	1	1	2
Total under care in the month	321	267	588
Discharged during the month	17	12	29
Daily average under care	301	254	555
Discharged, recovered	6	3	9
Discharged, improved	3	5	8
Discharged, unimproved	4	4	8
Discharged, died	4	0	4
Remaining Sept. 30, 1885	304	255	559

H. A. GILMAN, *Supt.*

EDITORIAL.

EDITORIAL NOTES TO THE PROFESSION.

To our own music, in a hurry and a little late, delayed and vexed by trouble about the material, arrangements, etc., (always incidental to changes) we appear in new form and dress, with new energy, and with the best of all—additional support and assistance. With a new leaf it is customary to “swear off,” repeat the old promises and make new. We will use our utmost endeavors to be prompt. Punctuality is the jewel that always brings success, but often, a long lost one. We are generous. We wish to divide with our friends and we hope they will accept a part of the “jewel.”

* *

We promised to increase the REPORTER as soon as the support warranted it. It came and we have made the increase. We now promise to again increase as soon as our support will permit. The present, and the increasing interest, leads us to add that it will be but a short time. The REPORTER invites your patronage, either as contributor or subscriber, and hopes you will accept the first as a right you have to all such publications, and as a special right through our policy and object to conduct our columns “expressly for the profession of Iowa,” without prejudice against, nor interest in, any clique, clan, school, society or individual; only giving preference and prominence when accompanied by merit. We hope that your desire to have an independent cosmopolitan State Journal will induce you to subscribe.

* *

Several months ago, and at a gathering of the leading members of our profession, the REPORTER was unanimously commended to all the members, who belong to these gatherings, and to the profession, as being worthy of their support. The test of sincerity is shown by the list of “Contributors to the Current Volume,” made up from the representative and leading men of the State, both in, and out of the different medical centers. To the reader,

there are names; to the writer, there is more—letters of acceptance, filled with a sponteneity of kind wishes, good will and earnestness. This important addition, which will do so much to increase the value of the REPORTER to its readers, will not supplant nor suppress old contributors or new ones. "There is room enough for all."

*
* *

One new name appears among the "Associates," Dr. Jennie McCowen, of Davenport. The Doctor will have charge of a department that will be devoted to *Medico-Legal Questions* and *Neurology*. This department is always instructive and interesting, and will be specially so under so competent a charge. The increase of mental and nervous diseases has made their study one of common interest to all. As a rule they receive but little notice, except by journals that specialize them. The State Board of Health has accepted, and will use regularly, our columns for all such matters as they wish to place before the profession. This will be supplemented from time to time by kindred subjects. We shall also have occasional descriptive letters from the medical centers of Europe, as seen by Iowa eyes.

*
* *

To those who are in arrears for subscription we extend an invitation, to promptly remit, and to all who wish to subscribe, to use the blanks enclosed.

GUILTY.

This word, whether it comes from judge, jury, or populace, carries with it a significance that holds the recipient before the public as an outcast, deserving either pity, or derision, scorn and punishment. Our sense of justice demands that the severity of the sentence, following the verdict, should be governed by the nature of the crime, or the degree in which it affects society, and the degree of responsibility. Two months ago, and under "Consistency," we published alleged facts, that were nothing more than

a direct charge, that Dr. N. S. Davis had been guilty of unprofessional conduct, and had violated the code of ethics of the American Medical Association. In the charge we purposely refrained from making any comments other than explanatory. With the members of our profession, we have waited patiently for a defense, a reply, or an explanation. In default of *any* reply or explanation, and in the presence of undisputed and positive proof, the REPORTER unites with all of our profession, who love to have honor, integrity and sincerity as living mottoes, after which to frame our conduct, in pronouncing the verdict, "GUILTY." To complete the demands of justice we must determine the degree of responsibility, pass the sentence and enforce the penalty.

Who is N. S. Davis, and of what is he guilty?

In answer, he is, *first*, a money-maker—not necessarily a bad or a good quality; *second*, he is Dean of the Chicago Medical College, a school that heretofore has had an honorable reputation; and, *third*, he is the editor of the *Journal of the American Medical Association*, to represent, advocate and advance that which is honorable and true, and will incite a more general observance and regard for medical ethics and medical education.

One, who has heretofore shown aptness and ability to carry on this, in person, *money-maker*, *dean* and *editor*, to the satisfaction of a majority of the profession, needs no other qualification to establish responsibility.

To this *personal responsibility* add the sacredness and responsibility of the trust *dean* and *editor*, and the offence, prompted by the *avarice* of the *money-maker*—an attempt to sell an unearned diploma—a degradation to his own school and an insult to its alumni, and the prostitution of the honor of the American Medical Association, a trust placed in his hands by every member of the association.

From avarice to dishonesty, and from dishonesty to pollution!

In pronouncing the sentence, we should require reparation for the wrong, and punishment for the offence.

Therefore, we, the court, consisting of the honorable part of the

profession of this country, do direct that you retire from the deanship of the college you have disgraced, that you be removed from the editorship of the *Journal of the American Medical Association*, and be dropped from its roll of membership. The same being the extreme limit of the penalty within the jurisdiction of this court.

INFLUENCE OF THE PULPIT.

One of the many discouraging facts which members of the regular profession have to meet is the position which ministers of the Gospel take in relation to legitimate medicine. We do not believe that this grows out of any desire to support or encourage quackery in any of its forms, but rather from a misapprehension of what quackery is, and a too ready desire to accede to the wishes and interests of those who, under plausible pretenses, offer to relieve suffering humanity in a rapid and easy manner. We believe that the majority of ministers are honest in their preference for medical humbugs and mountebanks, and that their delusions grow of the antiquated course of education which they, as a rule, pursue. It can hardly be expected that a man whose education is based on a metaphysical philosophy from which even a rudimentary course in biology has been excluded, would accept kindly a system of medicine based on the revelations of anatomy, physiology and pathology. If these gentlemen who occupy the high and responsible position of religious guides, could be induced to withdraw themselves in some measure from their metaphysical shells, and study nature by means of rigid scientific methods, the many absurdities which they foster and encourage would be materially lessened, and should find them working side by side with the honest, self-sacrificing physician in the interest of humanity and the alleviation of suffering, preventing sickness and lessening misery.

Only a few weeks ago we were greatly pained by hearing a learned man, talented minister of the gospel, announce from the "sacred pulpit," that a "faith-cure physician" would lecture in his church and offer his services to the public. The preacher desired to say that he did not wish it to be understood that he was a

believer in this method of treating diseases, but advised his hearers to attend and receive such light as the "faith-cure" man had to offer. We do not believe for a moment that this highly respected revered gentleman desired to advocate a fraud, but the quack himself understood well the advertising value of this announcement and profited by it. It is no pleasure for us to notice these pious frauds, but truth and the interests of humanity compels it.

D. S. F.

REVIEWS.

IOWA HOSPITAL FOR THE INSANE, Mt. Pleasant, Iowa. The Thirteenth Biennial Report of the Trustees, Superintendent, and Treasurer, for the Fiscal Years of 1884 and 1885.

In the Trustees' Report "they concur in what the Superintendent says as to the marked improvement made in the hospital by reason of these several additions and repairs." They ask for additional appropriations and say: "We would urge the absolute necessity of making a like appropriation of \$100,000, for a similar addition." They recommend, also, certain changes in the Code to protect the State from bearing the burdens of others.

The Superintendent's report is full and interesting, and it deserves more than we can give in this brief synopsis. Throughout the entire period the institution has been crowded. They have cared for eleven hundred and seventy-eight individuals; of these, seven hundred and six have been admitted. The report of the improvements, acquired through the expenditure of the appropriations for such purposes, shows that there was neither a deficit nor an excess. It also shows that "these repairs and improvements" have been well done, reflecting favorably on the management.

The "additional wing" has given much relief from the overcrowding, but they still require additional room for female patients.

In the treatment of the insane, employment, restraint, used only when necessary to prevent the individual from injuring himself or others, and a general treatment for their general debility, comprise the greater part. From the work of the pathologist three cases are reported, giving the history, autopsy, pathology, and microscopical examination. The descriptions are good and each case is very interesting. Following, are the statistical reports. An examination shows, that of the total admissions "from the beginning," about fifty-two per cent have either recovered, or been im-

proved. Of the remaining forty-eight per cent about seventy-three per cent died, and the balance were not improved. Among those admitted, whose age was known, forty-eight per cent were attacked between the age of twenty and thirty-five.

A study of the nativity of the patients "admitted" discloses some very interesting facts, and a seeming contradiction to the usually accepted relations the per cent of the different nationalities bear to each other.

By referring to the census of 1880, we find the following facts:

Total population of State	-	-	-	-	-	1,362,965
Total number born in Iowa	-	-	-	-	-	737,306
Total number born in other States	-	-	-	-	-	364,009
Total number foreign born	-	-	-	-	-	261,650
Per cent born in Iowa	-	-	-	-	-	54
Per cent born in other States	-	-	-	-	-	27
Per cent foreign born	-	-	-	-	-	19

Turning to table V, Nativity of Patients Admitted, we

find the total number since the beginning	-	-	-	-	-	5,838
The native born of Iowa	-	-	-	-	-	784
The native born of other States	-	-	-	-	-	3,343
The foreign born of other States	-	-	-	-	-	1,711
Per cent born in Iowa	-	-	-	-	-	13
Per cent born in other States	-	-	-	-	-	56½
Per cent foreign born	-	-	-	-	-	30½

Divided as follows:

Germany	-	-	-	-	-	-	9½
Great Britain	-	-	-	-	-	-	10½
Scandinavia	-	-	-	-	-	-	3½
Other countries	-	-	-	-	-	-	7

Within the period of the two years covered by this report we find the total number insane

-	-	-	-	-	-	706
Total number born in Iowa	-	-	-	-	-	165
Total number born in other states	-	-	-	-	-	362
Total number foreign born	-	-	-	-	-	179
Per cent born in Iowa	-	-	-	-	-	23¼
Per cent born in other states	-	-	-	-	-	51¼
Per cent foreign born	-	-	-	-	-	25½

Comparing the per cent of those "born in Iowa," with the corresponding per cent of insane, we find the latter only one-fourth as great as the former. Again, comparing the former with per cent of insane, covering the "period of two years," and we find that the latter is nearly one-half as great as the former, or, that during the last two years, the per cent of insane among those "born in Iowa"

is nearly double the per cent from the "beginning," indicating a very rapid increase. In the same manner, comparing the per cent of the "native born" of other States, we find that they furnish double the average per cent, but that during the "two year period" there has been a slight decrease. Lastly, comparing the per cent of "foreign born," we find that they show the least variation from the average per cent, and, during the two year period, they show the greatest decrease.

We draw, as deductions, that *insanity among the native born of Iowa is very rapidly increasing*; that insanity among the native born of other States is *less than it has been*; and that insanity among the foreign born is decreasing.

The data is such that these deductions are not necessarily true, except in a relative comparison. Iowa is a young State, and it is only within a few years that her native born could have reached an age (20 to 35) that supplies a majority of the insane class. Another reason may be given, that many of these are the offspring of defective classes. It is difficult to explain the excess found in the native born, of other States, over the foreign born, as the immigrant classes from other States and other countries do not differ greatly in age. In like manner, and in other ways, the Superintendent's Report is rich in thoughts for study and development that lead to the underlying power that is shaping, as a people, our moral, social, and civil destinies.

Following the Superintendent's Report is an exhibit of the Steward's current expenditures and receipts, and the Treasurer's Statement.

BOOKS AND PAMPHLETS.

RUPTURE OF THE SPLEEN FROM A PHLEBOLITH AND DEATH. By C. F. Darnell, M. D.

A paper read before the Iowa State Medical Society, at Cedar Rapids, May 20, 1885. Published by the author.

INEBRIISM. By T. L. Wright, M. D., Columbus, Ohio. For sale by the author. Price, \$1.25.

A peculiar name, a peculiar mixture, and evidently the work of a peculiar man, one whom the public would recognize as a "crank," a name which we believe is unjust, except when applied to him as the author of this book as a scientific treatise intended for the general profession. The work contains many good points, disconnected, and a large number of excellent quotations. Between the points and quotations is a mass of temperance harangues which, properly connected, would make an excellent temperance lecture—a desirable thing in its place, but badly out in a scientific treatise on the effects of alcohol on the system.

The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, OCTOBER, 1885.

No. 2.

ORIGINAL ARTICLES.

MEDICAL ETHICS.

A PAPER READ BEFORE THE IOWA CENTRAL MEDICAL ASSOCIATION
BY H. SMYTH WILLIAMS, M. D.

To merely mention society as an existing entity, is equivalent to predicated caste. There can be no two together but one excels the other, and the great difficulty has ever been to establish rank on a basis to be recognized by all. Superiority may recognize its own merit, but this spirit must be tempered with tolerance and humility, or arrogance and dogmatism on the one hand, and servile submission on the other, are the inevitable results.

This necessity has led, in all modern civilization, to systems of ethics, which, written or unwritten, express the law that man is bound to follow if he do justice to his fellow-men. It is true that if every man possessed the inborn instincts of justice and philanthropy, no written code would be required. But unfortunately not every one has inherently the attributes of the gentleman, and even those whose breeding would otherwise admit them to the title, too often bring themselves, by elevation of egoism and subjugation of altruism, to a condition of autocracy requiring for them, also, the definite expression of a limiting moral law. Such persons come ultimately to feel an utter disregard of all true ethical systems; or rather, to an appreciation of the supposed importance of a self-appointed system, which, to the individual in question, seems superior to that adopted by the masses of mankind.

The one fundamental principle upon which rests the universal system of ethics is that of equal rights; the Individual Code erects its originator as the central figure, expecting all others to revolve obedient to the centripetal force emanating therefrom. Unfortunately for the self-satisfaction of such as these, our intellectual centre of gravity is not any single mind, but the accumulated "wisdom of the ages," about which we *revolve*, it may be, but eventually *evolve* as well. Each generation is a layer in the wall of progress, and its mistakes, making up the body of the structure, are not less important than the successes that serve to cement and give stability to what is to be the foundation for the work of future generations. Only by utilizing such stable sub-strata has society reached its present status. Only thus have we found that, in the modern civilization, altruistic ideas must largely supercede the egoism of the barbarian. Hence have arisen ethical laws, the enforcement of which, as regards himself, is the duty of every person in the community, and the violation of which, though resulting in no legal penalty, yet subjects the transgressor to social ostracism.

As a profession, we, the disciples of Aesculapius, give far too little attention to these general laws. As a class, we are not sufficiently educated in the line of our own work. We know too little of the history of our profession. Our knowledge does not rest on that firm sub-stratum wherein is hidden the debris of theories visionary and transcendental, and practices vicious and detrimental. We are scarcely cognizant of the working hypotheses of our own time, let alone those of our predecessors. We profit little by the mistakes of preceding generations, for we have not studied those mistakes. We are scarcely more than in the formative period of our existence—as yet only a metamorphic, conglomerated mass.

There are those, even in the legitimate ranks, who are not aware that we possess a binding link; who do not know that what will take the place of Constitution and By-Laws has been formulated for us in a Code of Ethics. What wonder, then, that this code, the enforcement of which is a moral obligation only, is so often and so openly violated, since such transgression, because of our deficient organization, leads to no public disrepute and no professional ostracism?

We see about us open violations of our code, and we are silent. Charlatanism invades our ranks, and we give no public voice of condemnation. This is a glaring evil. How shall we expect discrimination on the part of the laity if no data for such discrimination be afforded? And so long as our supposed ranks are filled with quackery, how can we expect to assume our proper status in society? This question is receiving violent agitation in the minds of all members of the profession,—and we may confidently anticipate decided results,—indeed these are already manifesting themselves in State Laws.

But it is concerning another department of ethics which depends for its regulation entirely upon the profession, that I desire to speak more particularly. I refer to the transgression of our acknowledged code by those for whose benefit and guidance it was established. As a profession, we do not sufficiently manifest that spirit of mutual aid and protection which it should be the duty and pleasure of every man to exhibit toward his fellow-men. We are too closely packed together, and the stimulus which competition naturally gives is replaced by a rivalry and jealousy that lead to none but evil results. It is so easy, merely by look or gesture, to cast a doubt regarding the efficiency of a neighbor's work, that the temptation to thus gain a point at the expense of a rival is too often not resisted. Particularly true, I am sorry to say, is this of the brothers in the profession who are so fortunate as to have cast their lot in the centres of population. Too often they think it not worth their while to substantiate the conduct of their country brother, and by word or action cause the impression that all is not as it should be.

I would not for a moment be understood as wishing to cover up the actions of disreputable pretenders in the profession. I am as much opposed to quackery in any department of medicine, as any one among you. I do not believe in upholding the actions of charlatans. I do not even believe in tacit submission to their intrusions. I *do* believe in exposing and denouncing them, that an unthinking public may have data for discrimination.

I do not believe that it is the duty of a physician to implicate his own judgment by upholding the mistakes of any one, whether

or not he be a member of the regular profession. We all make mistakes, and it is only manly to acknowledge them. But we must bear in mind that no two cases are precisely similar, and we should weigh well the probabilities before we venture to assert that we could have done better than our brother had the case been ours. We have no absolute authority in medicine. The personal factor must enter largely into every therapeutic problem. This fact alone makes it impossible that medicine should be an exact science. Individual judgment, and not merely memory, must be brought to bear on every case. This is why our profession should stand above all other professions. This is why we are linked so inseparably to all collateral sciences. This is why we should have a broad firm basis on which to rest our medical knowledge, that we may have data for the formation of a correct and auspicious judgment.

But, even with all these requirements fulfilled, there is still a wide field for diversity of opinion. We cannot, nor should we, move in the same narrow groove. There was a time when the profession was convulsed by the thought of specific medication. Had the anticipations then held been fulfilled, the medical profession would have become a mere automaton and, probably before our day, some ingenious mind would have invented a machine which, by responding with the name of a specific to the touch of keys labelled for every symptom, would completely have superceded the family physician. But specific medication has taken its place with many another chimera of the past, and the physician is still a necessary element in the community. With the researches of a Pasteur and a Koch before our mind, we can almost glance far enough into the future to see those diseases that have been the dread enemies of mankind, eliminated by the march of science, and the physician superceded, not by a machine, but by a lack of necessity for his existence. This, however, is only a vision of what time may prove to the grandchildren of our childrens' children. It may be a realistic probability in the eyes of some of us, but it has little bearing upon our practical work of to-day. Whether it prove a mirage or a reality, there will still, in our own day, hang about pathological and therapeutic theories an uncertainty that will not only *admit*, but *demand* individual difference of opinion, and that

will teach every candid member of the profession tolerance toward his brethren and a recognition of personal equality and equal rights. There must be one best way to treat every case, but who shall say that we have discovered that best way? No two of us follow precisely the same steps in the treatment of any case. One gets best results from a line of treatment that is apparently opposed in principle to that which a brother practitioner esteems most highly; but the "*post hoc, propter hoc*" stares us ever in the face, and he must be indeed an egotist who shall have the assurance to assert that his method is most surely best.

Only a generation since, the best men in the profession upheld and practiced an active anti-phlogistic treatment in almost every case that came before them. They never questioned the efficiency of their methods; but to-day we know—though we scarce dare whisper it outside of our own precincts—that they sent their thousands to untimely graves. Are we making such mistakes to-day? We trust not, but future generations must decide. We are blind to our own defects; standing ever in our own light, and viewing nothing with the clearest focus. Our judgment is never quite unbiased. Clearly, then, we should not depend upon ourselves alone, as individuals, to guide our conduct. The unvarying course of the world is progress, and the collective forces of a thousand minds will form a resultant, pointing to the right more surely than the mind of any single member. Such a guide we possess. Should we not more closely follow it?

If we will pull together, following our code, and favoring the higher education, we cannot fail, in time, to reach the status that will be our just and well-earned due. But if we *continue* discordant, allowing our ranks to be flooded with half-educated fledglings, and letting petty jealousies and rivalry eliminate good-fellowship, we can scarcely hope to rank much higher than the trades. Let us then, each and every one, regard himself as a champion of the new and better education, the opponent of every system of quackery, and the upholder, in *spirit* as well as in *letter* of these gentlemanly, professional, and altogether most enviable relations which find their expression in our Code of Ethics.

CHRONIC FOLLICULAR GASTRITIS.

BY S. W. MOOREHEAD, M. D., KEOKUK.

There is probably no more hackneyed subject in the range of medical literature than that of the derangements of gastric digestion, yet it has occurred to me that there are certain phases of it to which attention might be called in *THE REPORTER* with benefit, at least to some of the younger members of the profession. I am aware that the medical graduate, fresh from college, in taking a mental inventory of himself and his capabilities, while waiting in hopeful expectancy for the patronage which his brand new shingle invites, generally credits himself with understanding the particular disorders in question pretty thoroughly. And why shouldn't he? He is supposed to be, and we may assume is, familiar with the differential diagnosis of chronic gastritis and functional dyspepsia, for instance, as pointed out in most of the leading text-books on practical medicine, is acquainted with the pathological conditions existing in each, has a knowledge of the powers and uses of remedies, including the most recent and valued additions to the physician's armamentarium, and is, therefore, in a measure justified in considering himself competent to deal with those disturbances of, or hindrances to, the digestive process without further advice from any source. Of course he has been warned that some cases falling under one or the other of these two heads prove exceedingly intractable, but he looks forward to such as calling for the exhibition of patience rather than medicines addressed to a different pathology. It is possible that his experience may be more fortunate than that of a goodly number of his professional brethren who have trod the same path before him, yet if it should happen to be like theirs he will not have been in active practice very long until he will encounter a class of cases difficult to relegate to either category as commonly defined. Although the symptoms presented by such cases are directly traceable to the stomach as the seat of the trouble, they do not correspond in a number of important particulars to those of either chronic gastritis or functional disorder, without organic change. As between the

two they more nearly resemble the latter than the former. The points of contrast with what are generally recognized as cases of chronic gastritis are sufficiently numerous and well-marked to exclude them, in the mind of the young practitioner, from the list of cases of that disease; and hence a diagnosis of functional dyspepsia is generally reached on the principle of exclusion, aided, it may be, by a preponderance of probabilities. But the results of treatment are unsatisfactory. After exhausting the whole list of tonic medicines, including iron, quinine, salicin, nux vomica, phosphorus, hydrastis, arsenic, the mineral acids, *et al.*, reinforced from time to time, as circumstances seemed to require, by "gastric persuaders," digestive ferments, charcoal, alkalies, opiates, antispasmodics, alcoholic stimulants, carminatives, antiseptics and purgatives, with approved measures addressed to the mind, and proper regulation of the ingesta, at all times, with no better results than that of occasionally palliating symptoms, and not infrequently with the effect of positively aggravating them, the beginner in medicine is fain to conclude that the case is incurable; and disheartened by failure to obtain expected results, is quite likely to become then and there a therapeutic nihilist, with a patronizing forbearance for the weakness of those who have faith in remedies,—especially in derangement of the digestive process! Just at this stage it may be well to direct attention to certain facts which, in all probability, have been overlooked.

The cases in question which prove such a stumbling block to the young practitioner, do not in fact belong either to the class of what is generally recognized as chronic gastritis, or ordinary functional dyspepsia. They constitute more properly a class by themselves, occupying a position midway between the other two. In point of semiology they resemble somewhat the functional disease, while from a pathological standpoint they are closely allied to the organic. A few comparisons will perhaps make their nature and position more clear.

Ordinary functional dyspepsia originates largely from causes outside of the stomach, and transmitted to it through nervous impressions. It depends generally upon the coincidence of defective secretion of gastric juice with impaired peristaltic action of the

stomach and whole alimentary canal. Hence constipation is an almost universal accompaniment. The more prominent of the local symptoms are—a sense of fulness and distension after meals, discomfort during the digestive process, derangement of appetite, gaseous and sometimes acid eructations, flatulence, regurgitations of food, and in some cases nausea and vomiting. The food lies like a dead weight in the stomach, and instead of digesting, undergoes fermentation, with the liberation of gases, which occasion at first the feeling of dullness and depression complained of, and subsequently a distressed feeling of distension which is relieved by belching up large quantities of gas. After getting rid of the gas the patient feels comparatively comfortable until after the next meal. It is seldom there is severe pain. The sensation is rather that of uneasiness at first, followed by distressing fulness. All the symptoms come on *after* taking food. In some cases there is an ill-defined sense of burning in the epigastrium, but thirst is, as a rule, absent. There is no elevation of temperature, no persistent acceleration of the pulse, no dryness of the skin, no steady and progressive loss of flesh, and generally but slight cerebral or nervous disturbance. Nausea and vomiting are only occasional symptoms. Furthermore, the local symptoms are at times entirely absent.

In what is generally recognized as a case of chronic gastritis, the stomach is the seat of a diffuse inflammation of a low grade. The surface of the mucous membrane is in many cases studded with abrasions or superficial ulcerations. In other cases there is simply an increase in the vascularity of the membrane, with tumefaction and induration. The connective tissue is primarily increased in amount, but subsequently undergoes contraction and hardening. The symptoms attendant upon this condition are, in brief, an undue sense of heat and tenderness in the epigastric region, a burning sensation which is increased by taking any kind of nourishment; a disposition to eject sooner or later whatever is taken, by vomiting, or when retained, a gradual increase of the burning with a sense of distension, followed by acid eructations. These symptoms continue until the contents of the stomach pass through the pyloric orifice, when they gradually subside. The appetite is,

as a rule, impaired, and in many cases is entirely absent, but occasionally there is a desire for food, which, however, is no sooner taken than it causes vomiting or aggravates the suffering of the patient. The tenderness on pressure complained of sometimes amounts to actual pain, which is increased after meals. There is slight quickening of the pulse, an elevation of temperature amounting in some cases to one or two degrees, with dryness of the skin, uniform reddening of the edges and tip of the tongue, thirst, occasionally offensive breath, steady and progressive loss of flesh, and a general appearance of premature decay. Constipation is generally present, and is often obstinate. The uneasy sensations,—burning, nausea and vomiting, or pain, as the case may be,—*follow* the ingestion of food. When the stomach is empty, they are not so noticeable. But the local symptoms are never entirely absent, as is not infrequently the case in atonic or functional dyspepsia.

Now, in addition to the two distinct diseases above outlined, is the third class of cases previously referred to. In this class there is frequently a low grade of inflammatory action in the stomach, but it is confined to the follicles or tubules. Here and there at irregular intervals are found patches of hypertrophied follicles, presenting an elevated and slightly reddened appearance. Hence the disease has been properly denominated chronic follicular gastritis. There is no diffuse inflammation as in the other form of chronic gastritis, and the symptoms are of a milder character throughout. It is probably owing to this absence of pronounced evidences of inflammatory trouble that the disease is so frequently confounded with purely functional dyspepsia. In most of the cases febrile symptoms are either absent or so slight as to escape attention. The pulse is regular, the appetite generally fair, and sometimes quite good, the tongue normal in appearance, the body usually well nourished, and the secretions generally but slightly, if at all, deranged. There is a tendency to constipation in some cases, but it is not difficult to overcome. Notwithstanding the mildness or absence of constitutional symptoms, the disease is a distressing one. It is a well-known physiological fact that a slight degree of irritation of the mucous membrane of the

stomach produces an abundant secretion of gastric juice. In health this irritation is afforded by the food, and ceases as soon as the stomach becomes empty. Hence the gastric juice is secreted actively only during the reception and presence of food in the stomach. In chronic follicular gastritis the hyperæmia present is usually just sufficient to keep up a corresponding degree of irritation continuously, and as a consequence there is a continuous secretion of fluid into the stomach. In some cases this secretion seems to be composed largely of the products of the peptic glands, while in others there is more or less admixture of mucous, the difference being due probably to the location of the affected areas. The secretion in all cases is, of course, thinner and more serous than natural, as a result of the increase in amount. In consequence of the continuous secretion the fluid tends to accumulate in the stomach, producing a feeling of moderate heat, fulness and oppression, with a sense of gnawing and "goneness" in the epigastric region, which steadily increases until food is taken. The effect of the food is to absorb and neutralize a portion at least of the excessive gastric fluid, in the process of digestion, and hence the morbid sensations are for a time relieved. But the secretion goes on, and as soon as the food passes out of the stomach the distress begins again and is felt more and more until the next meal. In some cases nausea and vomiting occurs, with the ejection of a thin serous fluid. In such event relief is experienced until there is a re-accumulation of fluid, with the production of the same disagreeable sensations as before. The period of comparative comfort after taking food, or vomiting, usually lasts one or two hours. In the mildest cases vomiting, when it occurs, takes place only in the morning. In others it may occur at any time of the day or night when the stomach becomes distended with fluid. The character of the vomit is of value as a diagnostic symptom in those cases in which it occurs, but the special diagnostic feature of the disease is the fact that the morbid sensations are felt *before* taking food; that they are of a gnawing, "sinking" character, are relieved for a time by taking food, and return as soon as the food has passed from the stomach into the duodenum.

The leading indication in treatment is, plainly, to lessen the irri-

tation on which the increased secretion depends. Aromatic, spiritous, bitter, pungent, and stimulating stomachics of all kinds are contraindicated, because they would only serve to prompt the follicles to more abundant secretion. This is why the symptoms of follicular gastritis are almost invariably aggravated by the treatment adapted to atonic dyspepsia, with which it is, as before noted, frequently confounded. To accomplish the desired result gastric sedatives and astringents should be prescribed. The object is to reduce the sensibility of the different nerves, and thus modify and control the gastric function which, more than any other, depends upon the reflection of impressions. Opium is all-powerful in arresting the gastric secretions by lessening the irritation, but it is likely to induce constipation, nausea and depression, which it is desirable to avoid. The bromides lessen the conductivity of the nerves, but are slightly irritant topically. Neither of these objections lies against such substances as hyoscyamus, belladonna, subnitrate of bismuth, oxalate of cerium, oxide of zinc, or nitrate of silver. The protracted use of hot water is often followed by excellent results. Not only does it act as a sedative and astringent in such cases, but it also dilutes the fluid present in the stomach and renders it less irritating to the nervous membrane. A pint of water, hot as the patient can drink it, should be taken on an empty stomach on first rising in the morning, and it may be repeated an hour before each meal and at bed time. The additional amount of fluid thus taken into the system will generally counteract any tendency to constipation caused by the administration of the medicines last enumerated. Purgatives should be avoided. If constipation is present and persists it should be relieved by enemata. The hot water treatment does not interfere with the administration of medicines, and will be found a useful adjunct in nearly every case. A combination of hyoscyamus or belladonna with one of the metallic sedatives and astringents named above is more advantageous than the use of the latter alone. By using the latter in alternation better results are frequently secured than by the continuous and persistent use of any one of them. This treatment, to be effective, must be persevered in for a length of time. During the whole course of treatment the

patient must carefully avoid all rich, highly seasoned dishes and coarse, indigestible food. The plainer, simpler and more digestible the food, the more satisfactory will be the progress of the case.

SUPRA-CONDYLOID AMPUTATION.

BY D. MACRAE, M. D., COUNCIL BLUFFS, IOWA.

[Read at the Meeting of the Wabash, St. Louis & Pacific Railroad Surgeons, at Springfield, Ill., Oct. 27th, 1885.]

In railroad injuries demanding immediate amputation, experience teaches, that in order to be sure of the reliability of our flaps, we must give the wound quite a wide margin. The contusion is so great that while the appearance of the surface contiguous to the injured portion may be normal enough, the muscular tissue has been compressed so severely that repair is out of the question, and more or less sloughing the result. In injuries involving the upper third of the leg, the cautious surgeon, rather than risk the untoward result of flap-sloughing, performs his amputation in the lower third of the thigh. He hesitates as to whether the integrity of the tissue may not be much impaired, and as a consequence, he elects a higher amputation. Passing over the knee-joint, he amputates high enough to admit of his flaps being obtained from above it; in other words, he passes over healthy tissue, and removes six or eight inches more than is absolutely necessary.

In the case where I first did the supra-condyloid operation, the injury was high up on the leg, but the muscles of the calf seemed to have escaped much damage. At the urgent request of the patient, amputation, somewhat under protest, was done below the tubercle of the tibia. The result was sloughing of the flap to such an extent that re-amputation was demanded. Partly as an experiment and partly because it seemed such a sinful waste to go so much higher, the supra-condyloid operation was done. The result of that operation, which was done three years ago, and the favorable results in several succeeding cases, have led me to write this short paper.

The method that I used is after Carden, but somewhat modified

by other operators, and is as follows: The knife is entered above the tubercle of the tibia, close to the insertion of the patellar ligament, and a semi-circular incision with the concavity downwards, is made down to the bone on both sides of the leg, meeting in the middle of the popliteal space. The flaps are dissected up, the ligament of the patella cut across and the knee-joint disarticulated. The patella is then raised up and its articulating surface sawn off. By a few strokes of the knife the condyles are denuded and the bone bared and sawn across about an inch above the base of the condyles. Usually only the popliteal artery requires ligation. The wound drains itself, heals readily, and the cicatrix is on the posterior aspect of the stump. The only point that would seem to be essential, is the necessity of keeping the patellar surface in close and accurate contact with the sawn end of the femur. I usually mold a moistened strip of binder's board across the face of the stump, at the first dressing after the operation, retaining it with the usual bandages. The resulting stump is by all odds the most shapely and the least subject to neurotic troubles. Accustomed as the patella and the skin over the patella is to pressure, the point of the stump is not sensitive. It bears the weight of the body without inconvenience. As a consequence, makers of artificial limbs tell me that they have much less difficulty in fitting such cases. They aver that instead of the long, and frequently most painful, process of educating the stump by the formation of callosities and such like, such a patient plants his stump firmly in a padded socket and walks off at once without any inconvenience. The operation is well-known among the railroad men in my vicinity, and when injured, they alway beg to have it done in preference to a higher operation.

Recapitulating then, I would recommend the supra-condyloid amputation in preference to amputation at the lower third of the thigh, when practicable, for the following reasons:—

It is farther from the body.

It heals more kindly.

The stump is less sensitive.

An artificial limb can be worn and used without causing any pain.

MEDICAL EDUCATION.

BY F. E. CRUTTENDEN, M. D., DES MOINES, IOWA.

FIRST PART.

All medical writers, all editors of Medical Journals, and all medical schools at either regular times, or periodically, contribute to the common fund of ideas and expressions on the subject of medical education; and in their contributions, they usually qualify the expression "Medical Education" by preceeding it with "Higher." After deploring the defects in the present system, they then proceed to set forth, in a more or less concise and explanatory manner, their particular theory in detail for adjusting the said defects.

The general interest displayed in our medical literature, the undercurrent of interest that occasionally comes to the surface among the profession of our own state, and a recent communication from one of our prosperous county societies, induced the writer to begin a series of investigations that have been continued up to the present time. In the course of this investigation, I have endeavored to select, classify and compare the different expressed plans and opinions upon the best method of obtaining their object, a "higher medical education." As far as practicable, in each case I have looked for the motive, the method and the effect, and then compared them with those of the others.

The general conclusions that I obtained as a result, I compared with my recollections of the causes that led to the success or failure of men of state or national reputation, and known or unknown to me personally; and in the same manner, with men found in every-day life, in all its different vocations. In this way, I have combined both theory and practice, and have attempted to produce a rational method that is in full harmony with the laws that govern all social progress. In my investigation I found that in each case, as a rule, the motive and method had rythmical connection, and although they differed essentially from those of others, the effects in all were nearly the same.

In tracing the circumstances and surroundings that seemingly

led to, and caused the motive, (and indirectly the method), I found many curious, amusing and surprising facts, too numerous to place wholly before you, but too valuable to wholly omit. I therefore, give typical examples before formulating my results.

Occasionally I have found that the circumstances indicated a pure motive, free from any selfish end, and from any odious or dishonest comparison,—such as in commercial circles are made legitimate and are recognized under names like “sharp competition,” “shrewd advertising,” etc.,—that came from the independent members of our profession, and that arose from the contact with gross ignorance of, and inefficient preparation for, the practice of medicine and surgery. Fortunately this class of independent, non-partisan and non-policy-pursuing advocates of higher medical education, is rapidly increasing. Their usual appeal for a “higher medical education” begins with a (*just*) censure, and ends with a demand for longer and more thorough courses of study, after a requirement for a like thorough preliminary preparation.

To avoid injustice, all other advocates (in distinction to the above) protest (sometimes, in a way to lead one to think that they expect their protestations are either being doubted, or are to be doubted,) and demand the same with a difference in manner, language and circumstances, that sometimes cast more than a reasonable suspicion, that their sincerity may be somewhat deficient. (There are sometimes positive proofs of cunning, design and hypocrisy.) In plain language, some are using the old cry of “stop thief”; that is, while they are loud in their cry for higher medical education; they allay the public demand and choke its progress, to satisfy selfish and avaricious ends.

Many of the misrepresentations come from sharp competition, not always for students, sometimes for reputation and practice. They are not confined to a few, they are general. Nearly every town of thirty thousand inhabitants has its Medical college, which sets forth its advantages through its “able corps of instructors,” a legitimatized method of advertising, made so by custom. Those who are not in the college ring and therefore not members of the Faculty, and those who, in contradistinction, have not the ability to supply the “advantages” are placed at a disadvantage, other re-

lations being the same, and hence a looseness in professional etiquette and a more or less unfriendly feeling.

In their reflections "those who have not the ability, etc.," and in those of the disinterested and thinking public, they might say to themselves "the school is not supported by an endowment, nor by a public fund, the majority of the faculty are not wealthy, some of them have to count the pennies and others watch the nickels, yet they contribute liberally in order that young men may attain a 'higher medical education' and that the number of their competitors may be increased. Where else do we find such philanthropy? The Bar, and even the Ministry, does not possess it. And then they might also say, 'who is so credulous or ignorant as to see other than mercenary motives?'" A comparative examination of a number of their catalogues discloses the fact that they are all careful not to require more than the other colleges. Honest competition from however small a beginning is always honorable and worthy of support. It is the dishonest element in medical schools that should be condemned. In censuring the smaller schools of the smaller towns, charity should be used, as they sprang into an existence in obedience to the common law of self-protection, and as many of the new and old school of the large cities are responsible. The responsibility does not stop here. Many of the foremost, learned and respected members of our profession are not guiltless. Under such influences and in the face of such examples from those of whom we have a right to expect something better, we should not be surprised at the shortcomings of others, nor too ready to blame. It is time to cry, "halt!" against the insincerity and immorality in our whole educational system; and the medical profession should rise, in a body, and vigorously oppose it, and by boycotting, if necessary. To be consistent, the writer acknowledges that he is connected with a medical college that is neither better nor worse than the great majority, and that his connection is in compliance to the general law of competition and self protection; but he does now oppose, and always has opposed, all methods, motives and acts, inconsistent with this article.

Honest and wise attempts at the suppression of evil always direct their efforts where they will do the most good and therefore

as a test of my honesty I must strike as near the head of the evil as I can. Unfortunately, the writer is again called upon to expose the Chicago Medical College and through it, its dean, Dr. N. S. Davis. We regret this because he is supposed to represent the best of our professional morals, and because this exposure, following so soon upon the other, may be mistaken for an attempt at persecution.

We can only reply to his friends (some of whom sent threatening personal letters demanding an explanation for our last exposure, and to them we would say, that a blow to suppress immorality in our profession and in our educational interests needs no apology) that he should keep himself above suspicion.

The following is a *fac simile* of a circular, without a signature, but fathered by the Chicago Medical College. I do not know that it was written by Dr. Davis, and its construction is different from the Doctor's style, but it evidently received his endorsement and that of the whole faculty.

CHICAGO MEDICAL COLLEGE,
Cor. 26th St. and Prairie Ave.
CHICAGO, ILL.

DEAR SIR:

(1.) We would call the attention of those who contemplate entering the medical profession to the advantages afforded by the CHICAGO MEDICAL COLLEGE. The peculiarity of this college is in its graded system of instruction. Its course extends over three years, and is unlike the usual system, which is finished in one short term. This graded method has many advantages. It admits of much more extended and thorough instruction in each department.

(2.) We are able to cover the whole ground of descriptive anatomy, which is rarely, if ever, done in the ungraded schools. We are able to separate physiology and histology, and give a course in histology, with careful instruction in the practical, with the microscope, of the various structures of the body, a subject which the modern developments of medicine has made of the greatest importance, but which is entirely crowded out in the ungraded schools, and left for the student to either neglect or to pick up for himself in an irregular way in expensive special courses. We have more time to devote to physiology alone than is usually given to both branches, and are enabled to study carefully that important but too much neglected department, the physiology of the nervous system.

(3.) We have ample time to devote to chemistry, and are enabled not only to cover the ground of the more elementary departments, but also to extend our teaching to the subject of physiological chemistry, and to accompany our lectures

with systematic laboratory work, so that the student may demonstrate for himself the subjects discussed in the lectures.

(4) The same advantage is offered in the practical branches. We are enabled to go over the ordinary subjects of general medicine, surgery and obstetrics more thoroughly than is usually done. We have, besides, time to enter into the various specialties, such as diseases of the eye and ear, diseases of the skin, diseases of women, diseases of children, etc., which are usually either entirely neglected or barely glanced at.

(5) All these subjects are discussed at length in the lecture room, and illustrated practically in divided classes of about eight or ten. These small classes are personally instructed by the clinical teachers in the different rooms of the hospitals and dispensary. Systematic personal demonstration is aimed at in all branches. We think there can be no doubt about the excellence of this plan.

(6) Our preliminary examination, and the thoroughness of our course, keep us largely free from the crowd of incompetents who are flocking into the profession and encumbering the classes in many of our medical schools. Such men desire an easier road than ours. We expect our students to come from the better educated men who intend to succeed in their profession by honest attainments. Those who have such aims we will cordially welcome, and shall endeavor to make our institution more and more one that it will be a matter of pride, as well as of profit, to have been connected with.

(7) Our Annual Announcement will be forwarded on application to the Secretary or to the Clerk at the College.

Note.—As a matter of convenience I have numbered each paragraph, otherwise every word, and every point, are an exact copy of the original.

The fourth line of the first section contains a contemptible, low, mean, deliberate lie; one not made in self-defense, but a slander against every school in the United States, save about half a dozen.

How does that statement compare with an attempt to sell an unearned diploma, proof of which we published some time ago?

The second sec. contains a repetition, found in the second, fifth and seventh lines. In the third, fourth and fifth lines, of the fourth sec., we find a similar paragraph.

The sixth sec. contains, in a general way, the same.

Taken as a whole, it is a rare production, not likely to mislead, but rather to excite contempt.

What can we expect for medical education, when dishonest com-

petition, violation of professional honor, lying and slandering are the instruments to qualify "medical education" by prefixing the word "higher?"

This circular strongly reminds one of a Bowery Jew, selling an all-wool coat for less than it cost.

In closing the first part, I wish to add that this will be followed by an exposure of everything of its kind, worthy of attention, without regard to friend or foe. In the agitation of any question, vigor and force should be employed, if anything is expected to come from it.

In the next part I will attempt reconstruction.

REPORT OF CASES.

REPORT OF TWO CASES OF SIMPLE MENINGITIS COMPLICATING PERTUSSIS IN INFANTS.

BY L. C. SWIFT, M. D., DES MOINES.

GENTLEMEN :—These two interesting cases occurred in twins, both girls, 11 months old, of healthy German parentage, the last born, and smaller of the two, being the first attacked. I was called to see this first case—

June 16, 1884, and had a history given to me of a cough, which commenced about two weeks previous to my visit, or about June 1st, 1884. There were no other than the usual symptoms of a catarrhal bronchitis, and my treatment was for this affection. There was no improvement during the first four days, and on—

June 20th I noticed that the symptoms were indicative of pertussis, but could not get a clear or probable history of exposure, but while talking to the mother, heard the child "whoop," distinctly, once. This was the only time that either her parents or I heard this symptom. The treatment was modified to meet the change in diagnosis, with the apparent relief of some of the symptoms during the next ten days.

June 30th, I was sent for early in the morning, and found the

child vomiting constantly, a small quantity of bilious matter at each attack ; the cough had ceased almost entirely, and had lost its spasmodic character ; there had not been a chill or convulsion, the fever was only indicated by the skin being dry and warm, not at all hot, except over the back of the head and curvical spine, the pulse was full, 96 per minute; temp., 99° F.; the child emitted a peculiar cry, not the sharp, peculiar "meningeal cry," but moaning in character, and rolled her head constantly, the pupils were both dilated ; the bowels were constipated; countenance pale.

July 2d. The pallor was still marked; the pulse was full, 106 per minute, and non-compressible; the temp. 100° F.; skin warm and dry ; head rolling constantly. The mother said that once during the night the child's legs, arms and neck had become rigid ; the vomiting continued to occur about every half hour, of bilious matter in small quantities, and irrespective of the administration of either food or medicine ; each time that vomiting occurred, a small quantity of bright green watery matter was discharged from the bowels; the pupils were both contracted; noise or light disturbed the child manifestly ; she had no appetite, but great thirst. The abdomen was slightly flattened, but there was no rigidity of the abdominal muscles; no signs of pain were elicited when pressure was exerted on the abdomen; at nearly every stool the urine was voided. There was a low form of delirium, muttering in character; no carphologia; there was the same peculiar moaning cry at very short intervals. These symptoms continued, accompanied by increasing somnolence, until the morning of July 5th, when the temp. was 101° F., the highest point reached, and remained at that through July 6th, when coma came on, followed by death at 3 P. M. the 20th day.

The urine was drawn three times and examined carefully, but nothing abnormal discovered about it. The only convulsive action noticed was that spoken of above. The pupils varied, but were always alike.

CASE II.

My attention was called to the second case, the subject being much larger and stronger than the other, on—

July 1st, by its vomiting and giving the same cry that I had

noticed the first child giving. While watching her she had quite a violent attack of coughing, which terminated in a distinct whoop, the mother said this was the second time that day that she had heard this symptom; the whoop was followed by a slight twitching of the arms, legs, head, eyelids and facial muscles, followed by a slight degree of stiffening and bending backward of the body. The countenance was pale, pulse full and non-compressible, 100 per minute; temp., 100° F.; and occasionally the moaning cry would become sharper in character.

July 3d. The vomiting became violent and occurred as often as every half or three-quarters of an hour; the matter was bilious; with almost every attack of vomiting, about a teaspoonful of bright green watery matter would pass from the bowels. She lost her appetite, and was very thirsty, her mouth was dry, tongue heavily coated, white, especially at the base. The abdominal muscles were not contracted, but the walls were soft and there was no tympanitis.

The light convulsive attack, gradually became lighter, and other symptoms of improvement became noticeable, until—

July 20, when all those indicating serious trouble had disappeared, excepting an occasional attack of vomiting when over-fed, and the improvement was very slow, and without relapse; the symptoms of pertussis returning as the others subsided, and on August 1st the symptoms of pertussis had nearly subsided.

Both of these cases presented at first the symptoms of bronchial trouble, for from two to three weeks, and later on, occasional vomiting after attacks of coughing, and distinct whooping. During the third week in both cases the cough of pertussis disappeared, and constant vomiting of small quantities of bilious matter, unaccompanied by other spasm than diaphragmatic, took its place; in both, there was constipation at first, and later a diarrhoea of green watery stools, accompanying each attack of vomiting. In both, the convulsive action was slight, and in one, death followed somnolence and coma on the twentieth day after I saw it, or about the thirty-fifth after the cough was first noticed; in the other convalescence commenced about the twenty-fifth day after the cough commenced, being ushered in by subsidence of the symptoms of

spinal trouble, and the reappearance of those of pertussis. In both, the urine was normal; the pupils varied in both, but the variations were alike in both eyes of each. The pulse did not rise over 100, or the temp. over 101° F. in either, at any stage.

The day before the second child came directly under my care, that is on June 30th, a third child, a boy aged four and one-half years, was suddenly attacked with vomiting and purging of a green watery matter, no chill or convulsion; pulse, 148; temp., $105.8-10$; raving delirium; great thirst; abdominal rigidity and tenderness, but in this case convalescence commenced on the third day.

The hygienic surroundings were about as bad as was possible at first, but for the last two weeks were markedly improved. Thus being very much better during the illness of the second and third children than that of the first.

I was inclined to believe the cause of disease in all three of these cases to be zymotic, and based my treatment on this. The pertussis had been quite prevalent in the neighborhood, and during the usual neighborly intercourse the first child mentioned probably contracted this disease, and the second from the first; but the quite evident meningitis in the form assumed in the two first cases, seems to me to have been the phrenitic variety of simple meningitis, the marked characteristics of the convulsive variety being absent, while the primary constipation and subsequent diarrhoeal trouble, and the varying pupils, indicate the phrenitic.

CASE IN PRACTICE.

BY A. D. BUNDY, M. D., ST. ANSGAR.

Knife wounds penetrating the abdominal cavity, are always looked upon as serious ones, and their outcome watched by the surgeon with anxious care. The following case fairly illustrates such injuries: On the 13th instant, Ole Erickson, aged 22 years, a vigorous young scandinavian, and previously healthy, while in a semi-intoxicated condition, was, in a saloon recontre, stabbed in the abdomen—on the right side; the weapon being a large pocket-knife,

blade four inches long and pointed, three-fourths of an inch wide, not very sharp edged. I was summoned, and was by his side in probably fifteen minutes after it occurred. I found him in the saloon, lying extended upon some chairs, somewhat pale, pulse feeble, the shock was considerable, though not extreme. Upon removing his clothing to examine the wound, I found a knuckle of intestine, about six inches in length, protruding from the wound. It was in color almost purple, from the constriction of the skin and structures at the wound site. After a few ineffectual attempts to return the gut, with the aid of some by-standers, I had the patient laid on a billiard table, etherized him, and upon again examining him I found about ten inches of gut protruding. After a careful trial, I found that I could not reduce the hernia without enlarging the opening in the abdomen, which I proceeded to do, by introducing a grooved director in front of the gut, and with a probe pointed bistoury, incised the tissues probably an inch. After which the gut was carefully returned, though with some difficulty. The fore-finger introduced into the cavity of the abdomen, felt the gut in its proper place. The wound was about four inches above Poupart's ligament, and a little nearer the anterior part of the ilium than the pubic bone. Sutures including the peritoneum, were introduced, and the wound dressed with a solution of carbolic acid, a compress and bandage applied, and the patient carried to a bed, some doors away. The subsequent course of the case was as follows: For twenty-four hours he vomited frequently, I concluded from the beer and whiskey, as well as the ether. He was put on morphia sufficient to relieve pain, and cold carbolized compresses were kept on the abdomen and wound. For a week all went well, pulse less than 100, and temperature near normal; no effort had been made to evacuate the bowels, until then, four ounces of castor oil were given with no effect. Tympanites came on, and the abdomen was distended to its utmost—fecal vomiting set in, and lasted twenty-four hours. In the mean time injections of turpt. and asafoetida were used, and the bowels below the obstruction distended, but everything returned clear, pulse and temperature increased, and things looked dubious. At last an enema brought away a little lump of fecal matter and some flatus, then more and

more, and at last a free evacuation, and now the patient is convalescing as rapidly as possible. The question arose after the obstruction became apparent, whether the abdomen should be opened and the cause sought for. But conservative treatment in this case turned out well. I need hardly say that strict antiseptic measures prevailed in the case.

SOCIETY REPORTS.

SCOTT COUNTY MEDICAL SOCIETY.

REGULAR MEETING, Oct. 1st., 1885.

The president and vice-president being absent, Dr. Preston was elected president *pro tem*.

MEMBERS PRESENT: Drs. Preston, Peck, French, Nichols and Braunlich, and students, Jepson and Smith.

The minutes of the last meeting were read and approved.

Dr. Peck presented several pathological specimens with history of cases:

CASE I, Man, about 40 years old, who had been wounded in the foot, in one of the battles of the last war. An attempt was made at the time to remove the ball, and several attempts since, but all without success. The pain in his foot was so great at times, that he sent for Dr. Peck to have his foot amputated. This was refused, but an operation for the removal of the ball was advised. There was a sinus opening on the outer side of the foot, about half an inch below, and half an inch in front of the external maleolus. In operating, the sinus was followed into, and almost through the astragalus, where the ball, which was a small one, was found, and removed. The man did well for a few days, when delirium tremens set in and caused his death.

CASE II, Ovarian tumor in a girl aged 16 years. The tumor which was of large size, was unaccompanied by pain, and there was no uterine complication. The tumor was removed, and the girl made a good recovery. The tumor contained several dermoid cysts, also a large piece of cartilage, showing its mixed character.

CASE III, Ovarian tumor in a girl, aged 28 years. The tumor was multilocular, and the different cysts contained fluids of different colors and density. The patient, after the operation, was in good condition, but after a few hours she began to sink, and died in about 36 hours, after the operation.

Dr. Littig was requested to prepare a paper to be read at the next meeting.

On motion, adjourned.

HENRY BRAUNLICH, *Secretary*.

KEOKUK COUNTY MEDICAL SOCIETY.

HENDRICK, JULY 14, 1885.

A called meeting of the Keokuk County Medical Society was held in Hedrick, July 14th, 1885.

MEMBERS PRESENT: Drs. Henry, McWilliams, Cameron, Sherlock, McKinnis and Hamilton. Visiting Physicians—Drs. Gow, Hook, and McFall.

In the absence of the president, Dr. Quinn, Dr. Henry was elected president *pro tem*. Dr. C. M. Hamilton, elected secretary *pro tem*.

Dr. Newell's name was presented for membership, and was reported favorably and admitted as a member.

A paper on "*Puerperal Fever*" was read by Dr. C. M. Hamilton.

In the discussion of the paper Dr. Sherlock said in the treatment of it he preferred ammonia to alcohol, as a stimulant, and did not like arterial sedatives. But large doses of quinine to control the temperature, combined with opiates to relieve pain.

Dr. McWilliams advised alcoholic stimulants with quinine and iron. He had not met with any cases where he thought he would use an arterial sedative. He recommended antiseptic irrigations.

Dr. Cameron had used quinine in large doses with stimulants. Locally, turpentine stoopes to the abdomen and irrigations with very warm water.

Dr. Gow, did not think aconite and veratrum acted as sedatives if given in small doses, sufficient only to control the heart's action.

He thought by their use the pulse could be slowed without the sedative, or depressing effects. Would use tonics and treat on the expectant plan.

Dr. Hook used tonics and nourishing diet.

Dr. Sherlock reported a case of confinement, in which there was no appreciable pain complained of by the patient.

Dr. McWilliams reported one of a similar character.

A case of *Articular Rheumatism* was reported by Dr. Sherlock, with a pulse of 122, with the absence of any increase in temperature.

Discussion of the question of "pauper practice" of the county, followed in which it was agreed that each member of the Society should use his influence in favor of returning to the old plan. Also to the election of State Senator and Representative favorable to a State Medical Law.

Adjourned to meet in Sigourney, the second Tuesday of November.

C. M. HAMILTON, *Secretary, Pro Tem.*

IOWA CENTRAL MEDICAL ASSOCIATION.

MARSHALLTOWN, IOWA, OCTOBER 13, 1885.

The Iowa Central Medical Association met at the parlors of the Tremont House, and was called to order by the President, Dr. Ward. Drs. Getz, Conniff, Williams, McGrath, Campbell, Upson and Reiterman, were present.

Dr. Getz read a communication from the *Iowa State Medical Reporter*, requesting reports of proceedings, and, on motion, the secretary was instructed to comply with the request.

On motion of Dr. Getz, a committee of five, viz: Drs. Getz, Williams, Conniff, Campbell and Reiterman, was appointed on Medical Legislation.

Dr. Getz presented a patient, age 37, whose right breast he had amputated for carcinoma, May 15; wound healed kindly, but there were indications of recurrence. Pain was complained of in shoulder and arm.

Dr. Reiterman then read a paper on "*Purpura Hemorrhagica*," which was discussed by Drs. Getz, Williams, Ward, and others.

Satisfactory improvement was reported in a case presented at the last meeting.

Dr. McGrath then read a paper on *Acute Iritis*, placing special emphasis upon the importance of its early recognition by the general practitioner. The paper was discussed by Drs. Williams and Getz.

The president then appointed Dr. Upson to read a paper on "the use of the forceps in labor. Dr. Conniff one on "teething in children," and Dr. Long one on "uses and usefulness of cocaine." All to be read at the next meeting.

On motion, adjourned.

C. REITERMAN,
Secretary.

F. M. WARD,
President.

COUNCIL BLUFFS MEDICAL SOCIETY.

COUNCIL BLUFFS, IOWA, OCT. 14, 1885.

The Society was called to order by the secretary.

On motion, Dr. Cleaver was called to the chair.

Present—Drs. Cleaver, Green, Macrae, Pinney and White.

A letter from Dr. Cruttenden, secretary of the committee on Medical Legislation, requesting the co-operation of the society, and the appointment of a committee to aid in procuring the enactment of a medical law at the approaching session of the legislature, was read, and on motion of Dr. Macrae, the entire society was constituted such committee.

Dr. Deetkin being absent and Dr. Pinney offering a satisfactory excuse, no essays were read. Continued for the next meeting.

Dr. Green reported the case of a woman suffering from jaundice, which had been under his care for a year. The case was complicated with a most intolerable itching of the entire cutaneous surface, which, so far, he had been unable to relieve.

Other cases of interest were reported, one by Dr. Pinney, of an obstinate endo-metritis, which was now yielding to the free application of the black wash, and one by Dr. Macrae, a lady, the wife

of a physician, who had not had an operation from the bowels for five weeks, with almost incessant vomiting, part of the time, of a dirty black bile. Cause of the trouble not yet known.

Adjourned.

* * *

COUNCIL BLUFFS, IOWA, OCT. 28, 1885.

The Society was called to order by the President, Dr. Lacey. Present—Drs. Lacey, Cleaver, Barstow, White and Powell.

Dr. Jennings, of Weston, was duly elected a member, and took part in the proceedings.

Drs. Deetkin and Pinney essayists, being absent, the president continued them and added the name of Dr. Barstow, additional essayist.

Drs. Lacy, Barstow and White made verbal reports of a number of interesting cases, eliciting very general discussion.

The question submitted and acted upon at the last meeting, with a view of aiding in procuring medical legislation, was, on the motion of Dr. White, re-considered, and its further consideration deferred until the next meeting.

Adjourned to meet November 11th, 1885.

J. F. WHITE, *Secretary*.

KEOKUK MEDICAL SOCIETY.

KEOKUK, IA., JAN. 5, 1885.

Dr. Scroggs in the chair.

Present, Drs. Scroggs, North, Jenkins, Maxwell and Kinnaman.

Dr. North reported the case of an eight-year-old child. A year ago the child suffered with a pain in the head and ears, which have since been very sore and painful—lately much aggravated. I examined the ear, and with Gross's hook extracted half a bean, and then the other half, splinted. Had been there fourteen months. (Exhibited specimen.) Followed with dressing of carbolized cosmo-line.

On motion, the meeting proceeded to the election of officers.

Dr. T. J. Maxwell was elected President; Dr. John North, Vice, President; Dr. H. A. Kinnaman, Secretary and Treasurer; Drs. Payne, Scroggs and McDonald, Board of Censors; Dr. Payne, Chairman of Board of Censors.

Dr. Maxwell reported a case of phymosis since childhood in a man now aged fifty; married at twenty-five years; no children; prepuce contracted down in front, leaving pin-hole opening; urine dribbled; man became very nervous and prostrated.

Treatment: Split the prepuce up and stitched the skin to mucous membrane back of gland; used cat-gut ligature; healed nicely.

Dr. North also reported a case of phymosis and elongation of the prepuce. Cut off at least an inch and a half. The patient was an effeminate young man at time of operation, since, he has developed rapidly, and has now good-sized parts.

Dr. Scroggs reported two cases of ciscuuncision—one in a man of forty and the other in a young man. He also reported a case of croup in a child two years old. Careful examination revealed pharynx and larynx, red and dry. No membrane, although the case gave a history of true croup ten days before convalescence. Treated with jaborandi, pushed for twenty-four hours; pharynx and larynx became moist, and in course of ten days discharged patient cured. Thought jaborandi indicated because the throat was dry, and it had the proper effect.

Dr. North reported a case wherein a four-months child had a chill and spasms; pulse, 120; throat congested and the color of liver; white patch on tonsils about the size of the thumb nail, and thick as pasteboard, white, with clear cut edges.

Treatment: Laxative and one-quarter of a drop of tincture of aconite. Next day the deposit began drying on the edges, and by the third day patient had entirely recovered.

Dr. Maxwell reported a case of syphilitic trouble in the lung of a man. It was a circumcrusted spot with expectorations of fetid black matter. He also reported the case of a man who came a year ago with a baggy swelling next to the elbow. Thought I felt fluctuations and plunged a lancet in it, when there was discharged a white, cheesy, putredinous tuberculous mass. It then healed, but subsequently bagged out at another place. Had about abandoned all hope of curing him, when I made a paste of chloride of zinc and flour, cutting it in the shape of arrows. The arm was then opened in places (it had no sensation) and the punctures were plugged full of the zinc arrows. This brought on a discharge of

the tubercular matter, and a large amount of amber-colored serum. For internal sores, gave large doses of iodide of potassium. The arm is now improving very much. The man is of a scrofulous diathesis, but denies any history of venereal disease.

Dr. Scroggs stated, in regard to puerperal fever, that it may be purely septicæmia, without lesion of genital tract; it may be in the form phlebitis uterini, by a formation of thrombi at the placental site. Physiological; they may break down, and internal septic material may be anti-genetic infection or hetero-genetic infection. Puerperal peritonitis is not different from any other peritonitis. He also reported a case of labor at six months, of a dead decomposed child. The mother did well until the third day; told her I would not come back because she was doing so well. At the eleventh, she had a chill which ran on rapidly, resulting in death in ten days; pulse, 130, and thoroughly furred tongue. Washed out uterus two or three times daily; no tenderness any where; abdomen loose and soft; no abrasion of vagina or uterus; infection must have been at placental sites; a tuft of placenta may have remained and decomposed; the uterus should have been irrigated at once. Got carbolized water and passed it up into os.

Dr. North reported the case of a child at six months, dead and decomposed. Washed out the vagina thoroughly with brome chloralum, and had the nurse continue the treatment, with success.

Dr. Maxwell reported cases of dead fetus decomposing when he had used no anti-septic treatment with success.

Adjourned.

H. A. KINNAMAN, M. D., *Secretary*.

KEOKUK, IA., FEB. 2, 1885.

Society met at the office of Dr. T. J. Maxwell.

The President, Dr. Maxwell, in the chair.

There were present Drs. North, Scroggs, Hillis, McDonald, Bertram and Kinnaman.

Dr. Hillis reported several cases of scarlet fever of mild type.

Dr. Scroggs suggested that the Society insist that the members of the profession report all doubtful cases to the President of the Board of health.

The following preamble and resolutions were unanimously adopted:

WHEREAS, It is currently reported that the ordinance concerning the reporting of contagious diseases is not universally observed; therefore, be it

Resolved, That it is, in the opinion of this Society, the imperative duty of every physician to make an early report to the Honorable Board of Health, of every case included under the ordinance; also, that we request the Honorable Board of Health of this city to enforce the requirements of the ordinance.

Dr. Hillis reported two cases of typhoid fever.

Dr. North reported a case of puerperal mania. Lady had been attended by a mid-wife. Was called seven days after confinement. Found the patient partly delirious. She continued to get worse, and for two weeks had to be held in bed. Was vicious and almost uncontrollable. I mentioned that I thought she ought to be sent to an asylum.

She then began to improve, and in four or five days was much better. At first she was somewhat swollen, and later an eruption appeared over the body; the head and face was somewhat swollen; this disappeared in four or five days, when the mind began to clear and the patient sat up. After the mind began to clear, the tongue became nearly coated. There was no itching or roughness to the eruption, which was bright red.

Treatment: Bromidia.

Dr. Scroggs reported the case of a young woman who was brought here from the country. Four years ago she was confined, and had long and tedious labor. The child was still-born. The patient made, he had thought, a fair recovery, but a month afterward was unable to walk, her limbs and feet were numb and tingling. When the feet were elevated this disappeared. She had to remain in bed, and in this condition became pregnant and delivered of a living child, that is now twelve or thirteen months old. The numbness still continued, and if upon her feet she gets so she cannot walk. I found the womb retroverted and slightly flexed. There was no adhesion.

Treatment: Elevated and wedged the womb up with pellets of

cotton for several days, and then introduced Hodge's closed pessary, this relieved her very much. She became able to walk and attend to her household duties.

The trouble was caused by pressure on the sacral nerves from the retroverted womb.

The subject, "Treatment of penetrating wounds of the abdomen," was then taken up.

Dr. Scroggs said, there is now no question as to the surgeon's duty. Old authorities say if the intestines are wounded, place the patient in the best possible position for the wound to drain. Trust to nature and do not meddle with them. Now it is the duty of the surgeon to open up the abdomen in case the intestines are wounded, and to close the intestinal wound. This should be done immediately. Cat-gut ligatures should be used.

Dr. McDonald agreed, providing the wound is serious enough to warrant operation. If the case is severe, open up the abdomen and close the injuries. If possible, save essential portions, and take care not to pierce the mucous membrane with stitches.

Dr. Maxwell cited cases during the war where 87 per cent. were fatal when the expectant plan was adopted. Under proper guard and care it is not fatal to open up the peritoneum. The great danger is that fluid in the peritoneal cavity almost always proves fatal.

Mr. Sims, in cases of penetrating wounds of the abdomen, advocates opening up the abdominal cavity. It is possible, however, for a ball to pass through without wounding the intestines, but not probable. In case of a wound from a knife or ball, open up the cavity, ligate all vessels that are wounded and clean out the cavity. Later writers will advocate this treatment. You may use most any kind of stitch. The best is that which will turn the peritoneal surfaces together. Use a thread and two needles. In a case of penetrating wound of the abdomen, I would take the responsibility and open up the abdominal cavity.

Subject for next meeting: "Accidents to the perineum; their prevention and treatment."

On motion, the meeting adjourned.

H. A. KINNAMAN, *Secretary*.

EDITORIAL.

INSANITY IN IOWA.

Comparing and adding reports of the two insane hospitals of this State brings forth some curious and interesting facts that should be received by the public and our profession with alarm, and that would be, should they fully awaken to their importance. We bring forward our figures showing the number and relative per cents, from our review of the Biennial Report of the Iowa Hospital for the Insane at Mt. Pleasant, which will be found in the first column. In the second column will be found a like report from the Iowa Hospital for the Insane at Independence. In the third column will be found the totals and the total average per cents :

	(1)	(2)	(3)
Total number since the beginning :-----	5,838	3,113	8,951
The native born of Iowa-----	784	392	1,176
The native born of other states-----	3,343	1,458	4,801
The foreign born of other states-----	1,711	1,263	2,974
Per cent, born in Iowa-----	13	13	13
Per cent, born in other states-----	56½	47	51¾
Per cent. foreign born-----	30½	40	35¼
Divided as follows :			
Germany -----	9½	14 2-5	12
Great Britain-----	10½	16 2-5	13¼
Scandinavia -----	3½	5 4-5	4 4-5
Other countries-----	7	3 2-5	5 1-5
Within the period of the two years covered by this report we find the total number insane-----			
Total number born in Iowa-----	706	665	1,368
Total number born in other states-----	165	115	270
Total number foreign born-----	362	285	647
Total number foreign born-----	179	262	441
Per cent, born in Iowa-----	23¼	17 1-5	20¼
Per cent, born in other states-----	51¼	43	47½
Per cent. foreign born-----	25½	39 4-5	32⅝
Per cent, born in Iowa-----			54
Per cent, born in other states-----			27
Per cent. foreign born-----			19

As in the previous number, compare "per cent born in Iowa" of the total population of the State, with the "per cent of insane"

among the native born "since the beginning," and we find that the latter is only one-fourth as great as the former. Compare the former with the per cent of insane among the native born, covering the "period of two years," and we find that the latter is only two and a half times as great as the former. Or, during the last two years the per cent of insane among those "born in Iowa" is nearly double the average per cent "from the beginning." In like manner compare the "per cent of insane" among those "born in other states" and foreign born." We find that in the first there is a decrease of $4\frac{5}{8}$ per cent, and in the last a decrease of $2\frac{3}{8}$ per cent.

Thus, we see the per cent of insane among the native born is very rapidly increasing; and that the per cent among those born in other states and the foreign born is decreasing.

Why this increase?

In answer, quoting from our state authorities, "population is increasing * * * the "weak, aged and insane relatives" are coming after the hardy pioneers, "senile, decay, shiftlessness and vagrancy," "foreigners from other states, who were deranged before leaving their native land," "domestic trouble," "heredity" (30 per cent), "*fast living*," and "high pressure in competition." Deductions from our reliable statistics strike out from the above causes, all except "senile decay, shiftlessness and vagrancy," domestic trouble, heredity, *fast living* and high pressure in competition as being active, factors in the increase of insanity in this state. They are not holding quite their average per cent. Among those that are active, heredity, high pressure and fast living are *the* causes. Dr. Hill very wisely suggests, in his Report, additional legislation that will so control the marriage license, as to prevent improper marriages, irrespective of age.

Fast living is difficult to control. High pressure pervades our whole social system, and has, in our opinion, more direct and indirect influence than all the other causes combined.

The proper place to begin is at the beginning and the revolution should begin with a complete revolution of our much, and over lauded school system, the evils of which are carried home to the family circle, which they invade, contaminate, and then with increased impulse they go back, and out on their destroying mission.

BOOKS AND PAMPHLETS RECEIVED.

The following books and pamphlets have been received, some of them deserving of special notice, but owing to the limited space in this department in this issue, we can only acknowledge receipt. In the next issue they will receive proper attention:

SURGICAL DELUSIONS AND FOLLIES. By John B. Roberts, A. M. M. D. Cloth, 52 pages. Published by P. Blakiston, Son & Co., Philadelphia, Penn.

HOW TO USE LISTERINE. By the Lambert Pharmacal Co., St. Louis. Contains formula for the use of Listerine.

REPORT OF THE IOWA STATE BOARD OF HEALTH.

LETTERS FROM A MOTHER TO A MOTHER, ON CHILDRENS' TEETH. By "Mrs. M. W. J." Third edition. Published by Welch Dental Co., Philadelphia, Penn. Paper. 106 pages. Price, 25 cents.

NEW YORK CANCER HOSPITAL. First annual report. Published by G. Putnam's Sons, New York.

OVERPRESSURE IN SCHOOLS AND SANITARY SCIENCE AND PUBLIC HYGIENE. By W. S. Robertson, A. M. M. D.

THE IMMOVABLE DRESSING IN THE TREATMENT OF COMPOUND FRACTURE. By J. M. Emmert, M. D. From proceedings of the Iowa State Medical Society, Vol. VI.

MISCELLANEOUS REPRINTS. By James Craig, M. D., Jersey City, N. J.

COURIER OF HEALTH. Vol. I. No. 1. A Popular Monthly Magazine. Edited by Frank C. Hoyt, St. Joseph, Mo.

MEDICAL EDUCATION. A paper read before the Philadelphia County Medical Society by Henry Leffman, M. D., D. D. S. Report from proceedings of the Society.

HOW TO USE THE FORCEPS. By Henry G. Landis, A. M., M. D. Cloth. 168 pages. Published by E. B. Treat, New York, N. Y.

DISEASES OF MUCUS SURFACES. By the Rio Chemical Co., St. Louis. Paper. 80 pages. Contains testimonials.

THE JOURNAL OF HEREDITY. Vol. I. No. 1. A Quarterly Medical Journal. Edited by Mary Weeks Barnett, M. D., Chicago. Price, \$1.00 per year.

MILK ANALYSIS AND INFANT FEEDING. By Arthur V. Meigs, M. D. Published by P. Blakiston, Son & Co., Philadelphia. Cloth. 95 pages. Price, \$1.00.

SEXUAL NEURESTHENIA. Edited by A. D. Rockwell, A. M., M. D., with a chapter on "Diet for the Nervous," by George M. Beard, A. M., M. D. Published by E. B. Treat, New York. Cloth. 270 pages. Price, \$2.00.

TABULAR STATISTICS OF ONE HUNDRED CASES OF URETHRAL STRICTURE. Treated by Electrolysis without relapse. By Robert Newman, M. D. Reprint from the New England Medical Monthly.

THE THERAPEUTICS OF HIGH TEMPERATURE IN YOUNG CHILDREN. By William Perry Watson, A. M., M. D., Jersey City. Reprint from Archives of Pediatrics.

STATE BOARD OF HEALTH BULLETIN. Vol. I. No. 1. Nashville, Tenn. Containing Announcement, etc.

SHADOWS IN THE ETHICS OF THE INTERNATIONAL CONGRESS. By Levi Cooper Lane, A. M., M. D. Paper. 13 pages.

IRITIS, ITS RELATION TO THE RHEUMATIC DIATHESIS AND ITS TREATMENT. By Charles J. Lundy, A. M., M. D. Reprint from September No. of the Physician and Surgeon.

THE SURGICAL TREATMENT OF CYSTS OF THE PANCREAS. By N. Senn, M. D., Milwaukee, Wis. Reprint from the Journal of the American Medical Association.

VOICE IN SINGERS. Read before the Ohio Medical Society, by Carl H. Von Klein, A. M. M. D., of Dayton, Ohio. Paper. 8 pages. Price, 25 cents.

A PLEA FOR THE MEDICAL USE OF PURE ALCOHOL AND ALCOHOLIC MIXTURES OF KNOWN COMPOSITION, IN PREFERENCE TO ORDINARY FERMENTED LIQUORS. By Henry Leffman, M. D. Reprint from the Polyclinic.

SEVENTH BIENNIAL REPORT OF THE IOWA HOSPITAL FOR THE INSANE, at Independence. Containing Reports of Trustees, Superintendent, Steward, Matron and Treasurer. Paper. 112 pages.

TREATMENT OF NERVOUS DISEASES.

Physicians desiring to place patients under a course of treatment for nervous diseases will find opportunity at the Hospital of the New York Past Graduate Medical School, where they will be under the charge of Dr. C. L. Dana; pleasant and comfortable rooms, with arrangements for giving electricity, massage, baths, etc., are supplied. For particulars address,

H. MCKEEVES, Superintendent,
No. 26 East Twentieth Street.

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR OCTOBER, 1885.

	M.	F.	T.
Remaining September 30, 1885-----	304	255	559
Admitted in October-----	17	16	33
Returned from visit during the month-----	0	1	1
Total under care in the month-----	321	272	593
Discharged during the month-----	10	13	23
Daily average under care-----	308	252	560
Discharged, recovered-----	2	3	5
Discharged, improved-----	2	2	4
Discharged, unimproved-----	2	7	9
Discharged, died-----	4	1	5
Remaining Sept. 30, 1885-----	311	259	570

H. A. GILMAN, *Supt.*

The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, NOVEMBER, 1885.

No. 3.

ORIGINAL ARTICLES.

SPINAL CONCUSSION.

BY D. S. FAIRCHILD, M. D., AMES, IOWA.

The frequency with which injuries of the spinal cord become the subject of judicial investigation makes it highly important that surgeons who are liable to be called upon to give testimony in court in personal injury cases, should consider carefully and study thoroughly a class of cases in which it is alleged that concussion of the spine exists, resulting from force more or less severe, directly or indirectly, applied to the spinal axis. Claims are being constantly prosecuted against railway corporations for injuries received in collisions, in which it is claimed that the person was suddenly thrown to the ground, or against a seat, or that the body was caused to vibrate rapidly to and fro in consequence of the sudden arrest of the train. Also against counties and municipalities in consequence of defective bridges or highways, whereby persons have been thrown from buggies or otherwise suffered physical shock or injury.

It may be premised that no one will doubt the justice of awarding damages in those cases in which real injury has been received, but as a very large majority of the cases where "spinal concussion" is set up as a claim for damages, have no foundation in fact, it is especially the duty of every surgeon to avail himself of the tests within his reach, that full justice may be done to all parties concerned.

Within the past two years two notable books have appeared which treat of spinal injuries, and which may be said to represent both sides of the discussion of so-called "spinal concussion." The two books referred to are a late edition of Erichsen "Upon Spinal Concussion," and Page on "Injuries to the Spine."

The first is a work, the earlier edition of which has long been before the profession, and has often figured in courts in the trial of personal injury cases. Dr. A. McLain Hamilton makes the statement that more than \$20,000,000 have been awarded in damages for "spinal concussion" received in accidents since the publication of this book. In this work Dr. Erichsen attempts to show that many cases of slight injury, from force applied directly or indirectly to the spinal column, or the rapid swaying of the body to and fro, has frequently been followed by chronic lesions of the spine, which are recovered from, if ever, only after a long time, causing much distress and suffering. Dr. Page, in his book, attempts to controvert the views of Dr. Erichsen, by claiming that the latter has been too much influenced by the claims of patients, and by too little consideration of the pathological condition of the cord in the alleged cases.

Dr. Page appears to have been unusually successful in his attempt, and we cannot avoid the conviction that the ends of justice have been in an unusual degree furthered by the exposition of what has already appeared to most surgeons of experience as the errors of Dr. Erichsen.

When we come to consider the manner in which the spinal cord is protected, we realize the amount of force necessary to produce lesions of this organ. The necessity for this abundant provision on the part of nature for the safety of the cord is apparent when we examine it histologically. The highly organized elements and the vascularity of these structures, reveal to us how unstable these elements are, and how easily they fall into a pathological state,—we also realize how little change in the consistency, either by increased softening or hardening, may interrupt its transmitting power, or destroy or pervert its finely-balanced kinetic properties. Bearing, therefore, these two facts in mind, viz: The abundant protection of the cord and its delicate structure, we are prepared

to balance the forces which may be applied, and the resistance which may be offered. A consideration of the vertebral column reveals to us media, possessing different degrees of density, consequently in obedience to a principle in mechanics a vibration resulting from an impact would be, in a measure, interrupted by being passed from a denser to a rarer medium. Now if a vibration be established in the dense structures surrounding the spinal cord reach the spinal fluid, it could not awaken a corresponding vibration here, but would be greatly modified or arrested, and at most; could only cause a slight displacement in the fluid, which might possibly establish a slight wave-like motion in the cord itself.

While it is difficult to understand how an injury to the spine can seriously affect the cord, unless there has been a fracture or dislocation of the former, or the bending of the column at too sharp an angle, so as to cause pressure upon the delicate structures of the cord, it is easy to realize how a severe shock to the afferent nerves may be transmitted to the cell elements of the spinal centres, and produce so profound a disturbance as to cause a more or less complete loss of function which may continue an indefinite length of time, and may *possibly*, in some cases, establish permanent structural changes. The condition affected by shock may be of the nature of an inhibition in which the cell activity may be in some degree lessened, and the nutrition perverted in such a manner as to impair natural protoplasmic process. At least it appears to me to be easier to explain those cases presenting spinal symptoms without injury to the back by assuming violent ingoing currents.

The practical question, however, is, do jars to the spine set up chronic inflammatory process as meningitis, meningio-myelitis, or simple myelitis? To assume the negative would be to place one's self in antagonism to the generally-accepted opinion of the profession, and yet there is abundant reason to doubt if so-called simple "concussion" ever gives rise to the above-mentioned pathological changes. The first and greatest objection is, that cases of so-called "concussion," attended with apparently grave symptoms, very rarely prove fatal, but rather terminate in recovery.

Now if these symptoms were due to myelitis or meningio-myelitis the post-mortem table ought to give us enough cases to

place this matter wholly at rest, and yet if we are to accept the statement of Mr. Shaw, (Holmes System of Surgery, Vol. I, p. 797), there is but one well-authenticated case on record where post-mortem examination confirmed spinal disease as the direct result of "concussion," and Mr. Shaw throws so much doubt around this case that we may well doubt the correctness of the opinion of the reporter, Mr. Gore, of Bath, England. Mr. Shaw bases his objection on the fact that the post-mortem revealed degeneration, changes confined to the posterior columns causing progressive paraplegia, whereas if the disease had been dependent upon "concussion lesion," inflammatory process involving all the tracts of the cord, ought to have been developed, followed by granular degeneration in all these columns.

Charlton Bustian reported a case to the London Medico Chirurgical Society, as a case of secondary degeneration of the spinal cord, followed by general muscular atrophy, directly due to "concussion lesion." In Mr. Gore's case there is some evidence for the belief that degeneration changes had commenced before the injury, which, it is true, may have hastened the progress of the case.

It may not be possible to obtain the same evidence in Dr. Bustian's case, but in the absence of a full report, it may be assumed that there was some gross lesion in the cord, as a laceration or contusion of the soft tissue of the cord, due to the bending of the spine at too sharp an angle, consequently placing the case in another category to be considered later on.

Dr. Hamilton, in his work on "Medical Jurisprudence," mentions a case reported by Dr. Wilks, which died six weeks after receiving a "concussion" of the spine. On post-mortem "the spinal cord appeared quite healthy to the naked eye. When examined by the microscope, some fatty granules were found in parts, but the change from the normal appeared very slight." In the present state of our knowledge of neuro-pathology we cannot escape the suspicion that there were important points in this case which were overlooked. Leyden presents a case of a man who was violently shaken about in a railway carriage, and presented symptoms of myelitis and pachy-meningitis, which proved fatal. On post-mortem a tumor was found, said by the reporter to be the result of

"chronic peripachy-meningitis." This case is not very convincing, although presented by a very great authority.

Petit and Gowers appear to believe in "spinal concussion" giving rise to locomotor ataxia, but offer very little evidence in its support.

Dr. Edes, of Boston, has published four cases in support of posterior lateral sclerosis being caused by "spinal concussion." But we are not given the results of post-mortem examinations. I think we may legitimately infer that there were other active factors besides "concussion" to be considered in these cases.

An examination of the literature of the subject up to within a very recent date, reveals a very remarkable unanimity of belief on the part of writers in the "spinal concussion" theory. This belief has suffered a severe shock from the writing of Dr. Page and also from lesser lights. It is to be observed as a striking psychological fact that men who have grown old in a belief are slow to accept new doctrines. This is notably shown in Dr. John A. Liddell's article in the "International Encyclopedia of Surgery," and can be fully appreciated on reading it up for medico-legal purposes. Drs. Clark, Abercrombie, Buzzard, Mayo, Syme, S. Wilks, Erb & Ross, are among the distinguished writers, who believe in the theory of "spinal concussion." The sentiment in our own country touching this subject was expressed in the discussion following the reading of Dr. C. L. Dana's most excellent paper before the New York Neurological society, Nov. 11th, 1884. Dr. Dana sums up the evidence in this wise. "It seems to me to be proven beyond a doubt despite Dr. Page's arguments, that external violence and jars, apart from any hemorrhage or other lesion, may cause an acute, sub-acute, or a chronic myelitis, with softening or secondary degenerations. Not many of these cases have yet been reported because they are rare and because there is not yet a widely diffused knowledge of the methods by which the different forms of chronic myelitis are diagnosticated. And it ought perhaps to be added that a certain predisposition, syphilitic or neurotic, is necessary for the development by traumatism of most of these forms." In the discussion which followed, Dr's. W. A. Hammond, Grame Hammond, Adams and Harword believed in "spinal concussion," while

Dr. A. McLain Hamilton seems to think that he believes "spinal concussion" possible. On the other side Drs. Rockwell, Weber, Roberts, J. G. Johnson of Brooklyn and Birdsall recorded themselves as opposed to the theory.

In the foregoing we have admitted the possibility of degeneration changes in the chord following an injury to the spinal axis with one producing physical changes in the cord but with the evidence at hand we must insist on the scotch verdict of "not proven."

Cases are constantly occurring in which from jars or from being suddenly thrown to the ground symptoms of spinal difficulty arise making their appearance sometimes on the same day, in others not until several days have elapsed. Great weakness is complained of, amounting in some cases to more or less complete paraplegia. There is pain in the back, tenderness sometimes reaching a high degree of hyperæsthesia restlessness and sleeplessness, headache, intolerance of light and sound. The patient becomes emotional and takes to his bed, demands and receives sympathy. The surface especially of the lower extremities becomes cool, the muscles are flabby and the body becomes emaciated. The interested friends consult a lawyer and the question of damages is the constant topic of conversation and is uppermost in the mind of the patient, every symptom is exaggerated and new ones are constantly added by suggestion. The injured one becomes highly neurotic and comes at last to believe that he is ruined and becomes hypochondrical and hysterical. These cases may be honest in their belief as to their deplorable condition. The case comes into court. A pitiable case is presented to the jury, large damages are awarded, the mental strain and anxiety is removed and the patient slowly recovers and in from six months or a year is perfectly well or only a little nervous. This is a picture of several cases which it has been my privilege to see and in persons who have borne excellent reputation for honesty and truthfulness, of this I have no doubt, they were self deceived; they were cases of neuro-minesis. With these cases we can have patience and only wish that their claims could have been arranged before they had fallen into this disastrous condition which has deranged the functions of their nervous systems so that long time is required to repair them. We frequently meet with cases of ap-

parent great suffering which are wholly feigned and recover with indecent rapidity as soon as the matter is definitely settled.

The unwary and over credulous surgeon is frequently deceived by their pretensions and have honestly given testimony in court which they have afterwards had occasion to regret. Other cases occur in which real injury has been received, a hemorrhage from some vessel in the pia matter has taken place, resulting in pressure or inflammation or a hemorrhage has occurred into the substance of the cord or a laceration of the substances of the cord has happened. Paraplegia has come on at once or gradually, paralysis of the bladder and bowels has occurred. Meningitis meningo-myelitis or transverse myelitis has followed with secondary degeneration. The patient lives a number of years a miserable wreck of his former self. We have thus presented three classes of cases. Malingerers who should be dismissed at once. Neuro-mimetics who deserve consideration, and those who have received severe injuries and are entitled to large damages. The cases which most frequently come into court are those who have received no injury at all, or those who have received a severe physical shock and have been greatly frightened more or less overthrowing their nervous equilibrium. The first class should be summarily dismissed but unfortunately by shrewd management on the part of skillful attorneys and the testimony of unskilled or dishonest doctors together with the distorted evidence of certain standard books on diseases of the nervous system the jury is made to see in the claimant an individual who is made an invalid for life and is therefore awarded heavy damages. If the case belongs to the second-class there is always a strong probability of damages being awarded greatly in excess of the real injury. The patients know integrity and apparent invalidism constitute strong presumptive evidence of a chronic lesion of the cord which the evidence shows to have arisen from a "concussion." It is in these cases that medical evidence of the most respectful character supported by the highest authorities can be obtained confirming the theory of the plaintiff of a chronic disease of the cord arising from "spinal concussion." Unfortunately no absolute rules can be formulated by which a differential diagnosis can be made, chiefly because there are always important disturbing mental factors present, rendering

the testheseometer, electricity and other means usually employed in the diagnosis of obscure nervous disease of comparatively little value. The only safe guide is a thorough knowledge of the physiological anatomy of the spinal cord, a familiarity with neuro-pathology and a practical knowledge of the value of human testimony. We have already stated that these cases are entitled to consideration. The shock and fright has unsettled the nervous system to such an extent that months are sometimes required to set it right. The interests of these patients are best served by an early settlement as by this means the mind is relieved, the unconscious mimetic tendencies are lessened and the nervous system sooner restored to its natural position.

The diagnosis of those cases where a laceration or hemorrhage has occurred, is not always easy, especially at an early date, for if the lesion is not extensive, grave symptoms may not at once appear but the case becomes more clear as progressive meningitic or myelitic changes advance, varying in different cases, sometimes slowly and obscurely, sometimes rapidly. The degenerative changes are marked by many fluctuations and it is with these that the cases of nervous shocks are frequently confounded. It is in the discrimination of the difference between these two classes of cases that the skill of the surgeon is tested. In the interests of justice great care should be observed and a strict sense of honor be entertained.

THE MECHANICAL TREATMENT OF POTT'S DISEASE THE SPINE.

L. W. LITTIG, M. D., DAVENPORT.

In connection with this subject it may not be amiss to refer for a moment to the treatment of earlier times. Forty years ago, as now, the most important indication for the successful treatment of Pott's disease was well understood, viz: *rest*. But the means of meeting this indication were crude in the extreme, and required on the part of the sufferer an amount of patience and perseverance such as patients of to-day rarely exhibit. In a then excellent article on this subject, bearing the date of 1847, [Braithwait's Retrospect,

July to January, 1847, page 162,] Dr. Pierie strongly advocates absolute rest in the prone or supine position, until ankylosis has taken place, saying that this is the only means by which a cure can be obtained. Erichsen, in the second edition of his work, [page 642,] mentions no appliance of any kind, by means of which the patient can assume the erect, or even the sitting posture. He says, "in infants the most that can be done is to direct that they be laid on a pillow, with counter-irritation. In older children, and in adults, great advantage may be derived by strictly forbidding them to walk, stand, or even sit erect, confining them rigidly to the prone couch, and adopting a general tonic treatment, with food and counter-irritation. When this treatment has been persisted in for from twelve to eighteen months, the patient may be allowed to walk about with the aid of proper stays.

Holmes, in the edition of 1882, recommends the same treatment, saying that the patient should lie in an invalid couch day and night, without rising for ten or twelve months, even in the more favorable cases. But the American editor of the same work mentions the plaster jacket, but highly recommends an appliance made on the principle of the Schaffer brace.

With a method of treatment so cumbrous as that which I have described, and the attending difficulty—almost impossibility of securing those all-important adjuncts of treatment,—exercise, sunlight, and fresh air,—it is not surprising that patient and physician alike dreaded this disease. And for the same reason it is not surprising that the advent of Sayer's plaster of Paris jacket was hailed with delight; it was, indeed, a long stride in advance of the older methods of treatment. But it would be waste of time to say one word descriptive of this "Jacket," which is so well-known in this city.

Bryant, [4th edition, page 248,] calls it the last means of treatment, saying "that immobility of the spine, rigidly and persistently maintained, and the removal of downward pressure on the vertebræ are absolutely essential points of practice to be observed." That the plaster jacket secures immobility of the spine in that small minority of cases in which the seat of the inflammation is below the seventh dorsal vertebræ, all will admit. That it is imperative

when the inflammation is above the seventh dorsal vertebræ, is equally patent. That it removes all, or even any, downward pressure, none will maintain. Thus the plaster jacket does not fill what Bryant calls an absolutely essential point of practice. But the prevention of downward pressure is not essential, and Bryant in the same paragraph from which the above is taken, says "that the best cases of recovery from the very worst examples of disease of the spine with curvature, are to be found among that miserable class of patients who never had any rest, or any care, in whom the disease has run its course, unattended and uncared for, and in whom cure has resulted with firm anchylosis, but with curvature." Yet, excellent as have been the results obtained with the plaster jacket, its use is attended with many disadvantages. It is a fixed appliance, usually worn from ten to twelve weeks, and consequently exceedingly unclean. It binds the chest and abdomen, and consequently interferes with normal breathing and development. Its prolonged wearing is apt to cause erosions and chafing. To apply it means a struggle, for no child, or even adult, will submit serenely to the usual suspension. I understand that the patient is suspended to straighten the spine. The good accomplished in this direction is only apparent as the straightening is due to a change in the compensatory curve—and real in the pathological. The weight of the body is not sufficient to overcome the spastic contraction of the spinal muscles. As we do not know how far cure may have progressed at any time, it would be exceedingly imprudent to employ ether, or to use force enough to overcome the muscular contraction, and perhaps separate surfaces partially united.

Dr. Schaffer, of New York, [Pott's Disease, page 42,] says: that it would be just as scientific to suspend a patient, having hip disease, by the heels, and in this position apply a plaster bandage to the pelvis, and to the thigh of the diseased side, as it would be to suspend one having Pott's disease, by the upper vertebræ and apply a plaster jacket.

What then is the best apparatus for the mechanical treatment of chronic spondyloles? Assuming with the American editor of the *Holmes*, [page 319, vol. iii,] that any appliance is defective which is designed to press upwards in the axilla from a fixed band around

the pelvis, and assuming further, with the same authority, that the spine moves chiefly by bending forward, and to secure fixation it is only necessary to prevent this forward movement, I believe the indications are best met by an apparatus such as that devised by Dr. Shaffer. Dr. Shaffer's brace consists: First, of a band of sheet steel about one and one-half inch wide, long enough to reach from one trochanter major to the other. This may be called the base or pelvic band. Second, two light bars of annealed steel, riveted to the pelvic band, at right angles to it, about one and one-half inch apart, and long enough to reach from the anal commissure to the first dorsal vertebra, or to the vertebra prominens. Third, two small strips of iron, about four inches long, riveted to the uprights, at right angles to them, one on a level with the lower border of the axilla, and the other on a level with the lower angle of the scapula. Fourth, two short pieces of iron riveted to the ends of the uprights, directed outwards at an angle of 45 degrees.

These parts, thus riveted together, may be accurately fitted to the patient, in the same position. Two monkey wrenches will enable the surgeon to bend or fit the brace in any way he chooses. Once fitted so that the pressure is most marked just over the pathological curve, the brace is padded with chamoise or better because more readily done, with cotton flannel rolled into a pad and sewed on the different parts. Then buckles are put on the ends of the different pieces of iron—pelvic band and shoulder straps attached, and the brace is complete. To apply it is an easy matter, and when the disease is below the seventh dorsal vertebra; this Shaffer brace with Taylor's apron is all that can be desired. Dr. Shaffer applies this brace, and then puts a "plaster zone" about the patient, three or four inches wide, and just over the center of the pathological curve. But the disease when seated below the seventh dorsal vertebra is most amenable to treatment—fixation is most readily obtained, besides this plaster zone is too narrow to afford support, therefore instead of applying the plaster zone of Shaffer, I much prefer the apron of Taylor, which affords all needed support for the usually pendulous abdomen. Since the pad plates of Taylor serve only to make the brace more complicated. I think they may be also discarded. The "apron" is

merely a piece of strong cloth, having attached strips of muslin by which it is fastened to one of the cross bars, to prevent slipping, and further, tied behind over the upright strips of iron. When the disease is above the 7th dorsal vertebra, it is not so easy to meet the indications. Then an ordinary jury mast may be attached to the cross bars as in this brace: or better, Taylor's chin piece may be attached to the uprights, by means of the ball and socket joint, which Dr. Shaffer suggested. This last appliance may seem severe, but it is worn with more comfort, and it secures more absolute fixation than the jury mast affords. Yet the jury mast is good—so easily made, its use is followed by results so excellent that I have no hesitation in using it where cost is an important consideration.

To compare this brace with the plaster jacket.

1st. To say the least this brace is as cheap. The iron costs but a trifle, by punching a series of holes in the different parts it becomes perfectly adjustable and a new brace need not be procured as the child grows, as the gentleman writing the article on Pott's disease for the International Cyclopedia, asserts. The same brace will answer for several cases instead of several new braces being required for one patient.

2nd. By placing the patient in the prone position, the brace can be removed at any time for purposes of bathing—hence it is far more cleanly than the plaster appliance.

3rd. It is worn with more comfort, and in no way interferes with respiration or development.

4th. It does all that the plaster jacket does—and more, as it is an excellent support for the shoulders.

The boy from whom this brace was taken a few hours ago presents a very ordinary case of Pott's disease in the upper dorsal region. Nothing in connection with the case is worthy of special mention, except that this brace, suggested by Dr. Breunlich, who kindly saw the patient with me, has been worn with the most happy results. After the first two or three days he never complained of the brace, and now wears it with as much ease and comfort as does his shoes.

A word more about the brace used in the orthopaedic service of the Pennsylvania university and the Philadelphia hospital.

A plaster jacket is never applied. A brace, such as this, is always used, except that it has adjustable pad plates. The pads consist of a pouch made of strong cotton flannel and stuffed with finely-chopped cork. These pads are about ten inches long, three-quarters of an inch wide, and are sewed to the pad plates after they (the pad plates) have been bent to accurately fit the pathological curve, the center of which corresponds to the center of the plates. Instead of a jury mast, the chin piece of Taylor, with a ball and socket joint, is always used when support is necessary for the head. This ball and socket joint is merely used to support the head-rest, and when this fits perfectly, the joint is made immovable by means of a screw. With this appliance properly adjusted, Bryant's *sine qua non* of treatment with regard to motion is attained, it being impossible for the patient to move any part of the spinal column.

MEDICO-LEGAL.

INTRODUCTORY.

BY JENNIE McCOWEN, M. D., DAVENPORT.

The common ground upon which the two great professions of law and medicine meet, has furnished some of the most interesting experiences which fall to the lot of the physician, interesting from both a professional and pecuniary point of view. Neither are these cases, as is sometimes erroneously supposed, confined to the expert alone. On the contrary, any member of the general profession is likely to be called upon, at any time, for a statement of facts and conditions observed in his every day practice, which may under certain circumstances, have taken on a legal aspect. The fracture which he has treated may terminate in deformity, the obstetric case may suffer various accidents, the patient which he is called to see may be suffering from violence or be laboring under the influence of poison, he may mistake his diagnosis in a case of sup-

posed contagious disease, he may be required to demonstrate his skill in a *post-mortem* examination, or give an opinion before a coroner's jury; and as an expert his testimony may decide the issues of life and death.

The intimate relationship subsisting between medicine and law and the desirability of the medical profession in general, giving some more attention to the exigencies of forensic medicine, and, for their own protection, to the rules of medical evidence, furnish a reason for the creation of this department. In addition to the increasing tendency in the public mind to hold physicians peculiarly responsible for the results of their work, an increasing interest is shown in various other problems of a medico-legal nature; as for example, the various questions relating to the lunacy reform, the proper supervision by the state of its dependent and defective classes; improved methods of procuring expert testimony and the matter of suitable compensation therefor; the liability of transportation companies to the traveling public; the legal aspects of state medicine, etc.

These are practical questions of interest to the physician no less than the lawyer, and it is hoped that the profession in Iowa may avail themselves of an opportunity for their discussion in this department of THE REPORTER.

THE INSANE IN THE UNITED STATES AND CANADA. BY D. HACK TUKE, M. D.

Fellow of the Royal College of Physicians, London. Co-Editor of "The Journal of Mental Science." Just published. Demy 8vo., cloth, 7 s, 6 d.

A REVIEW BY MARGARET A. CLEVES, M. D., DES MOINES.

This last contribution from the pen of the well known author and authority on mental diseases, well repays perusal. It is both a just and appreciative representation of the past and present condition of the insane in the United States.

The first chapter is devoted to a sketch of the life and work of the eminent American physician, Benjamin Rush. Especial prominence is given to his writings and practice, in their bearing upon insanity and its treatment, and the author appreciatively shows

how Rush was in the advance guard in the opinions which he held and promulgated as to the nature, care and treatment of insanity.

Says Dr. Tuke: "What I would claim for him would be that he distinctly recognized the corporeal nature of insanity; that to his students and in his writings he taught that it is a disease that must be submitted to medical as well as moral treatment, and further, that he gave the world an able exposition of the forms of mental disorder."

An excellent picture of Dr. Rush taken from an oil painting in the possession of the Pennsylvania Hospital, Philadelphia, adorns the frontispiece.

Chapter II is devoted to a consideration of the provision for the insane in the United States, from 1752 to 1876—and gives a most interesting historical sketch of what the author terms "the past asylum movement."

He pays cordial tribute to the work of that noble woman Dorothea L. Dix, who has done so much for the amelioration of the insane in this country.

This chapter closes with a list of the hospitals opened in the United States during the past one hundred years, or from 1773 to 1883.

Chapter III is devoted to a consideration of the present condition of the insane in this country, and is the outcome of a visit to America by the author in the autumn of 1884, during which time he visited forty hospitals for the insane in the United States and in Canada.

Dr. Tuke, unlike Dr. Bucknill, after his visit to America, writes of our institutions fairly, and indulges in no invidious comparisons. The following quotation well illustrates this point: "Instead of directly giving the palm to either, I would say that I believe each has something to learn from the other."

In this chapter the following are some of the subjects considered, viz: The general management and treatment of patients, restraint, seclusion, padded rooms, medical treatment, female physicians, employment, lunacy legislation, state boards of supervision, provisions for chronic insane, as at Willard Kankakee, and the

county care under state supervision, as in Wisconsin; closing with a consideration of the relative merits of American and English asylums.

In considering the subject of the general management, he says: "As a class, the American asylum superintendents are excellent men, devoted to their work, and as honorable, intelligent and humane as those in any other country." And further, "It is not too much to say that an attempt has been made by some writers to divide cis-Atlantic and trans-Atlantic alienists into the sheep and goats of the psychological kingdom. I shall rejoice if my reminiscences of American physicians engaged in the treatment of the insane have the effect of dispelling so exaggerated an opinion." Of restraint, that "inflammatory topic" he says, with great justness that American superintendents feel that they have not always been fairly treated in the criticisms to which they have been subjected. "The number of asylums is considerable in which there is more resort to restraint than superintendents in England would approve, although I am by no means sure that in all these cases disapproval would be warranted. In many other American asylums there is no restraint whatever, or it is so slight and manifestly necessary for surgical reasons that hyper-criticism alone would find fault." General paralysis he finds less frequent in American than in English asylums, although clearly on the increase in the former. From his observations he concludes that we use less out-door employment in America than is used in Great Britain. From a study of our lunacy laws he is impressed with the care taken to guard the liberty of the subject, and thinks England would do well to profit by the experiments made in lunacy legislation in America. Of lady physicians, he says: "I am on the whole, disposed to reckon among the advantageous courses pursued by the Americans, the appointment of lady physicians in some of their asylums—a practice which is certainly growing. I regard it as an experiment and I think we ought to be grateful to our friends across the water for making it. I will go further and say that if the lady doctors of the future should be of equal ability and high moral character, to those who have hitherto held office, and, if their position is so clearly marked out as to prevent all clashing with other members

of the medical staff, they will prove a decided blessing to the female patients in asylums, and a real help to the medical superintendents."

Chapter IV is devoted to a detailed description of asylums visited in the United States, and is of very great interest.

Chapter V is devoted to the insane in Canada. Of the forty asylums visited on this side of the water none suffered severe criticisms at the hands of the author, save one or two in Canada. Valuable tables are found in the appendices, and we close the book feeling that its ultimate influence will be to increase the cordial relations existing between American and English asylums, thereby lessening opportunities for unjust criticism and ungenerous comparisons.

WHO OWNS THE PHYSICIAN'S PRESCRIPTIONS?

Is a question which has often been asked and been differently decided by individuals and courts.

But it can be finally and effectually decided by the original owner in his own way. If a patient will not accept and druggists will not fill prescriptions as memoranda directions, (which they simply are,) to give a prescribed quantity and number of doses of a certain drug or compound, with certain written directions, then let the rightful owner of the knowledge and advice refrain from putting these things on paper, or not put them in the hands of such persons as will not receive them as he desires they should be accepted, and instead, give the medicine in kind, until courts, apothecaries and people come to their senses and respect the rights of physicians.

There need, however, be no trouble on this subject. It is for physicians themselves to define the nature of a prescription, and determine whether in making a memorandum of their remedial directions for the benefit of a particular person, for a particular time, they intend an indefinite use of the remedy for an unlimited time, by any number of persons, for any and all purposes, in the discretion of the direct recipient, the patient or the indirect dispensing agent—the druggist. The courts will decide this question according to usage, and it is time for the profession to definitely determine

upon what usage their decisions shall be based. There need be no war between druggist and physician as to who owns the prescriptions. The physician owns the knowledge which it represents, and it is only the written memorandum he gives the recipient, in order that that knowledge may be specially applied in a certain case to a certain limited extent. If the physician's own druggist were in speaking distance, he might orally dictate the directions he commits to paper.

If this view will not be held by courts, let the physicians have their formula prepared for them by men like the wholesale manufacturing druggist, and do their own dispensing.—*The Alienist and Neurologist*.

IOWA MEDICO-LEGAL SOCIETY.

The IOWA STATE MEDICAL REPORTER, in a recent issue, proposed the organization of a Medico-Legal Society in that State, urging both the legal and medical professions to co-operate in the movement. In a later number the same journal states that the suggestion has met with much general approval through correspondence.

We should be glad to see such an effort successful, and shall take a deep interest in the society, if one is formed. Forensic medicine is receiving greater attention than ever from the medical profession, and the Bar of Iowa, if properly interested in such a society, would, we feel sure, do its share in its scientific labors. We shall watch the movement with interest, and will gladly open our columns to its transactions.—*Medico-Legal Journal*.

The proposition is so fast maturing that we may expect some fruit in the immediate future. A quiet canvass has discovered abundant material. The principal difficulty to overcome, is the scattered residences of those who are interested. Iowa, unfortunately, has not a city of sufficient size to furnish a concentrated interest. We meet the same difficulty in the legal profession. The older members are slow, while the younger have not the associations to give strength. Notwithstanding these difficulties, those interested have no cause to complain, and they are sanguine of success.—[Ed.]

STATE BOARD OF HEALTH.

BIENNIAL REPORT.—A REVIEW.

BY F. E. CRUTTENDEN, M. D.

The Committee on Publication and the Secretary of the State Board of Health have made a judicious improvement over their last ponderous effort.

The noseological tables are less voluminous, and fully as complete for all practical purposes. This volume will not meet the adverse criticism from the legislature that the last received.

The report of the Board comprises the official work condensed, together with a full report of such papers and circulars as they have caused to be distributed during this period.

As a whole, the report indicates thorough and conscientious work, with a voluminous correspondence, that upon many subjects, gave negative results. Among these subjects: Leprosy, Contagious Diseases Among Animals, Domestic Poison from Arsenic, Meat Poisoning, Trichinosis, Nuisances, and Decisions, have received limited attention, without much to praise and nothing to condemn. "Legislation and Legislative Recommendations" are of considerable interest, and will be brought to the surface during the next legislature.

The Board regrets the "indefinite postponement" of its last suggestions. The first being "compulsory registration of physicians," and the second, "additional powers to act for local boards when they refuse or neglect to act."

The suppression of the first seems very "proper," when we think of the existing circumstances; but the suppression of the second, is to be regretted, and it should be hoped that they will try again.

Under legislative recommendations they seemed to have stumbled upon the old adage, "Git a plenty while you're gittin.'"

The remedy for the delinquency in the registration of births is good. The provision for a penalty for failure to obey rules and regulations of the State Board is all right, provided the people

have a remedy for any pecuniary loss and annoyance that might come from ignorance of an agent.

The desired interference with school books had best be dropped. One would suppose that school children are sufficiently crowded, without being compelled to acquire physiology, (and therefore anatomy) and hygiene. Among the high schools and colleges, the faculties are usually competent to judge what is for the best interest of their students.

The Board is anxious to have a hand in the management of the State institutions. As an advisory body, under some circumstances, it might be wise. The entire supervision of the public charities and corrections should come under a Board of Charities, who should have no other public charge. The State Board of Health has all the field it can cover, and therefore it should not ask for further extension. On the other hand, it should have all the assistance it really needs to make its work effective.

The request for adequate provision against cholera is wise, although there is no immediate danger, as two years will elapse before another opportunity will come.

It next contains a memorial of the late Secretary of the Board, R. J. Farquharson, M. D., followed by papers from the individual members of the Board, published for general distribution.

Sanitary Science, by W. S. Robertson, A. M., M. D., President of the Board, and by R. J. Farquharson, M. D., late Secretary, (two papers,) have been noticed by THE REPORTER.

Hygiene of Public Institutions, by Albert Reynolds, M. D., is short, concise, and positive in its statements, without any extended explanations or arguments. The omissions make it more valuable as a public document, for general distribution.

Over-pressure in Schools, by W. S. Robertson, A. M., M. D., has been favorably noticed.

Lighting and Seating School Houses, by L. F. Andrews, deserves some attention.

The criticisms upon this paper should not be upon its author, (as he has "no claim to originality;" his intent is simply to compile, in terse and comprehensive form, the testimony of competent and authoritative persons, towards a proper solution of the question of

school hygiene,") other than for his omissions, and therefore for his false impressions. Further, considering that the author does not pretend to be a scientific man, the paper is a credit to him. Upon its merits, this paper requires some modification, in order that it shall not convey an erroneous impression.

"Defective light in the school has resulted in producing, to an alarming extent, a disease of the eye, known as myopia."

This proposition is his subject for the "Lighting" part of his paper. It is radically wrong. If he had said, in the place of "has resulted," etc., has aided in, etc., or is a factor in, etc., he would have been consistent. Even with this change, the question is debatable.

Do not the *neglect to correct the errors of refraction and the protracted and laborious use, beyond the strength of the pupil*, have more influence? There is some doubt about the alarming increase of myopia, in this State. Hypermetropia is far more prevalent among all classes and ages, than *all* the other defects of refraction. His statistics, quoted from reliable observers, are undoubtedly correct. Yet the compiler should have been acquainted with the real facts in this State, or he should have noted the differences between the customs, occupations, nationalities, and opportunities for lines of hereditary predispositions. In other places he quotes from prominent American observers, who from their observations, made in their own localities, prove to their satisfaction that *overwork* and *neglect* are the prime causes. From my own observations, confined to this State, it is not always the quantity of labor, but the manner in which it is performed. No one would think of a feat of strength and endurance from a man or an animal without first requiring a careful preliminary training. Why can we expect more from an eye?

In "Seating School Houses" his directions are good. The only objection is the requirement of a fixed position. This always produces restlessness or stupidity. The seats should be adjustable and subject to changes within proper limits.

The paper on "Study out of School Hours" is an abstract of good sense, and it is a credit to its author. The subject is one that should yield large returns, on account of the breadth of its field.

Contagious Diseases by Second Hand School Books, gave negative results, except to clear up the suspicion.

Under-"Rest," Dr. E. M. Reynolds, lays down some good rules.

"The Opium Habit" contains nothing new, and is inferior to many of the circulars issued by specialists in its treatment. It is, nevertheless, a good paper, and has this redeeming feature—it is not an advertising medium.

Typhoid Fever, by Dr. Farquharson, has been noticed.

The work of the Board has been conducive to a public benefit, many times in excess of its cost to the public, and they (the public) should not hesitate to make the further investments asked by the Board.

CORRESPONDENCE.

A LETTER FROM W. L. ALLEN, M. D.

BERLIN, NOVEMBER 18, 1885.

Few cities of our own can boast of greater strides in all that goes to make a city great, than Berlin. In the last quarter of a century her population has increased from half a million to nearly thirteen hundred thousand; her business has increased proportionately, and her shops are nearly, if not quite as enticing as those of Paris; of course, electricity is the great servant of the century here as elsewhere, and it is rather curious to notice in the older Palaces, hidden among the hundreds of candles in the enormous chandeliers, a few Edison globes; indeed electricity is used almost everywhere, except in the bedrooms of the hotels, where I fear the candles will never be supplanted.

In music and in art Berlin now rivals Paris and Vienna. The National Gallery and the old and new musicians are of exceptional interest—the opera is magnificent, and the "Royal" and "German" theatres are entirely devoted to the plays of Lessing Schiller and Shakespeare. The elevated railroad finished three years ago, makes a double ring within the city, and together with the cheap cabs and a most efficient, comfortable and fast street-car system,

makes travel about the city as easy as in London and New York. Nor has the university been left behind in the city's rapid growth. A beautiful building has been erected for Helmholtz and Du Bois Reymond, and a new and splendidly arranged surgery, and eye and ear clinic, more convenient to the university than the old Charite Hospital, has been built, and is now occupied by Benjamin Fehbeisen and Schweigger. Since I was here in 1882, there have been some changes; Langenbeck has retired, but Bergmann fills his place successfully. Frierichs is dead and Leyden has taken his chair, leaving his own to Gerhardt; Schroeder has left the Charite Hospital and has a separate hospital of his own—his clinics are celebrated. Bergmann operates six times a week from two o'clock until four; he is a strong energetic man, slightly above the average weight, he wears a full beard, and is plain in dress and speech, he operates carefully, and is decidedly in favor of the most radical measures, has made in the last five months sixty operations, for cancer of the breast, and in all his operations, even in the early stages, he includes the axillary glands, having always found them to be the subclavicular glands infiltrated; he claims that in these thorough operations the cancer will not return. He certainly is most thorough—he removes all the cellular tissue about the mamma, and all the adipose cellular tissue about the axillary chain of glands. He operates under sprays; uses antiseptic dressings and washings, principally the sublimate 1 to 1,000; and with a drainage tube at either end of the incision, and an abundance of antiseptic gauze covered with several layers of "lint cotton bandage," and the whole kept securely in place by a thin and light starch bandage; in six or eight days the bandage is removed, and in most instances union has been secured except at insertion of drainage tubes, which are then removed and a second dressing applied, similar to the first, with the addition of iodoform paste; he never uses sponges, preferring pieces of gauze, which are destroyed after using. On Wednesday, after making two operations for mammary cancer he exhibited three cases of injury of the scalp, particularly interesting to the German students, of whom a large number wore numerous head and face scars as honorable reminders of their many duels, and many of whom im-

mediately diagnosed the first two cases as respectively sword and sabre wounds. The first man, aged twenty-five, by calling, a stone mason, having had his head beautifully shaved, revealed no less than thirteen picturesque wounds, apparently incised over and about the vertex of his cranium, they varied in depth from scalp-deep to compromising the pericranium, and in length from half an inch to two inches; the cause alleged was the misapplication of the hammer by a brother mason. Treatment: (1) cleansing, (2) washing with subl. sol., and (3) dressing with antiseptic gauze; no sutures applied as there was no gaping.

SECOND CASE: Hotel waiter, aged twenty-two, exhibited an incised wound five inches long, almost directly over the right temporo-parietal suture, only scalp deep, but having separated scalp from the temporal muscle, or rather fascia, nearly down to the ear; this could hardly have been a sabre-cut, and was caused by a fall, head foremost. Treatment: Head shaved with razor; washed; wound united with silk and antiseptic gauze dressing, as before.

The third case presented a contused wound over the lambdoid suture; bleeding from nose and ears; contraction of pupils, and unconsciousness for the last twenty-four hours, from which the man was now recovering; pulse frequent, full and excited; temperature normal; thinks a fracture of base of skull probable.

Bardeleben has clinics from half-past nine until eleven, and lectures on surgery from eleven until twelve every day except Sunday. The other day he exhibited a number of cases illustrative of diseases in and about the knee-joint; one being a popliteal abscess as a result of periostitis; another of suppurative arthritis, which was incised; a third of syphilitic gummata; a fourth of acute rheumatic arthritis. In those cases where incision was practised, he syringed out the joint thoroughly with the sublimate solution, used drainage tube generally, and dressed with gauze, and placed the limb in the long posterior splint, commencing passive motion after fourteen days; he exhibited two such cases with the wounds healed, and with moderate use of leg allowed at twenty-one days. A rare case of arthritis at the shoulder he treated by one incision from above parallel with the anterior border of the deltoid. The last pa-

tient brought in, was a girl twenty-two years of age, whose nates and thighs were covered with furnucles with gangrenous tendency; some had sloughed to a considerable extent; examination of the urine had revealed a high percent of sugar, and the case to be treated as one of diabetes.

Bardeleben is rather advanced in years, has a long, grey beard and bald head. He does not use the spray, but is most careful as to cleanliness; uses the various sublimate solutions and the iodoform. In dressing, he uses exclusively antiseptic gauze, kept in place by lint cotton bandages, which are warm and soft, and the whole secured with light starch bandages.

Bismarck's favorite, Dr. Schweininger by name, who disturbed the peace and harmony of the University this year by allowing Bismarck to force him among the honored professors, has at last settled down with the unimportant position of Second Professor of Skin Diseases; from his present position, and from a short dissertation I heard him give on "eczema and lycosis," I should undoubtedly say that he is unworthy of any position or place whatsoever in such an university, and his presence there can only be explained by admitting him to be the fortunate object of one of those spiteful and gouty whims, to which all great men are liable; at first his clinic was attended by numbers of students who hissed him out of the room; but his perseverance vanquished the students, who rarely attend him now, except out of curiosity. The laity, both male and female, sometimes listen to him because he is Leibdezt to the great Bismarck.

SOCIETY REPORTS.

KEOKUK MEDICAL SOCIETY.

KEOKUK, IOWA, Feb. 16, 1885.

The society met at the office of Dr. Scroggs.

The President, Dr. Maxwell in the chair.

The minutes of the last meeting were read and approved. Members present were: Drs. Maxwell, Jenkins, Scroggs, Young, Ochiltree, North and Kinnaman.

Dr. North said he had been to see his case of puerpural mania;

and she was getting along first rate, until to-day. Was called this afternoon and found a wild look about the eyes. She was excited, talked rationally at times, but flighty; had been walking the floor all day, rolling her things into bundles and muttering. (This case should have been noted as puerpural mania, in former minutes and the correction has been made.) Can not learn whether this is hereditary or not. Bromidia quiets her. Examined os, but found no injuries, and so far, have not located cause.

Dr. Scroggs reported a consultation case of twin labor. One was born on my arrival; in the next the arm came down and I could not replace it. When I came, the shoulder was wedged down. I gave chloroform, introduced my hand and pushed the shoulder up, and the arm back. The head slipped down into shape. The external organs were very much swollen, tumefied.

I put on the forceps and delivered her. This was a conversion from shoulder to head presentation.

The woman had been in severe expulsive labor for five hours. I introduced my hand for the purpose of turning. Immediately after pushing the shoulder up, there was an expulsive effort, and the head followed the hand down.

Dr. Jenkins admits that this can be done when there are twins, but finds it difficult when there is but one child.

Dr. Jenkins: On December 25th I had a case of a boy with a carbuncle, the size of a hen's egg, on the back of his neck; he was anaemic and pale. I lanced the carbuncle and prescribed cod liver oil and quinine. Later, the boy was quite sick with eruptions. Later, I found him with other boils, eczema on some parts, bullæ on hands and over back, a circle about the penis and a number of others. He was very nervous, and had to scratch his feet all night. His mother had put some red precipitate ointment on, because she thought it was the itch. The skin on the hands would peel off. I lanced from one to a dozen boils a day. The boy could not sleep. Bromidia would not quiet him. I gave quinine freely. Arsenic made him worse. Then his hands would get red, now, on elixir iron and bromidia; had to go to the urinal every hour; urine seems normal, bladder irritated, skin dark and rough; got very weak and unable to turn over. I gave to-day *Urva Ursa* bi-

carbonate of soda and morphia in form of tea. Dr. Jenkins also reported the case of a child three months old, taken with erysipelas; the right labia was much more swollen than the left; I gave two gtt. dose of tincture of iron; swelling extended to back side and down to the knees. The next morning there were milliary spots of erysipelas sprinkled over the entire body; the abdomen was swollen and the child died about the fifth day. Flectenoid or milliary variety of erysipelas, the fever rose very high, I put on a diaper of bromo-chloralum and glycerine; it did no good. Dr. North stated that the present tincture of iron of the United States pharmacopia is the neutral solution of the Ferri chloride in alcohol.

Dr. Maxwell said: I abandoned, some time ago, the idea of any curative effect from the tincture of iron in erysipelas, quinine will cure as readily alone. I have used ergot with success; protect face from air with cotton wadding banded to face; the patient should have good and nutritious diet; keep the bowels open.

Dr. Jenkins thought ergot hard on the stomach. It deranges digestive organs, unless given in small quantities.

Dr. Scroggs gives citrate of iron and quinine; may give it in a wine or syrup, or in capsules.

Dr. Maxwell reported a case of amblyopia from alcohol and tobacco. The man was suffering from dimness of vision, and a mist before his eyes; with strong lenses he could see a little; with the ophthalmoscope I could see no particular trouble; the lense and humors were clear; I concluded it a case of alcoholic poisoning; I stopped all stimulants and tobacco; he had a fainting fit or two from the absence of stimulants; I kept him in bed and gave quinine and strychnia; vision which has improved wonderfully, is still improving.

Dr. Jenkins thought it due to tobacco more than alcohol, and that the smoking of many cigarettes is more damaging than cigars, probably from the fact that cigarette tobacco is largely made from old cigar stumps, which have a concentration of nicotine.

The subject for the evening, "Accidents to the perenium; their prevention and treatment," was taken up by Dr. Jenkins. The perineums of primiparous patients differ the same as the os. When the pelvis is not in proper shape, there is danger of rupture.

I believe attention to the perineum should be given early. A rectal injection of chloral, thirty to forty grains, in water should be made. In fifteen minutes to an hour the os and perineum soften. While they are, in this condition, and before the head comes down, I take my fingers and carefully make traction on the perineum, in order to help the tiring out of the muscles. In the last stages of labor I follow Goodell. If softened, I pass my fingers into the anus and pull forward on the anus with my thumb on the child's head. I hold back the head, and draw the anus forward with my fingers, and deliver without a pain. I think I have a less number of ruptured perineums than formerly.

Dr. Scroggs: A rigid perineum is an essential to the successful progress of labor; it plays a certain part. There is more danger in a flabby than a rigid perineum. Some tribes of Indians sit on the ground and thus support the perineum. The head must extend in the last stages of labor. If the perineum is firm, it will tend to throw the head forward; if flabby, it will not turn it forward. Then introduce the fingers into the vagina and turn the head up. I would not introduce fingers into the rectum and pull forward. Put the fingers into the vagina below the head and push the perineum back and the head forward. The perineum never hinders rotation. The forceps play an important part in the prevention of laceration of the perineum. In ordinary cases support the perineum with the palm of the hand, just sufficiently to turn the head forward and favor extension.

Dr. Maxwell: There is a great difference of opinion with good authority on both sides. In those delivered without any support, we find fewer ruptured perineums. Handle it as little as possible so as not to disturb the natural secretions which relax it. Let the child come down and stretch the perineum. Pressure through the anus has a tendency to provoke pains. It is better to let it alone; if anything, cover with hot cloths. There is a tendency to dilate after being bathed in the natural secretions, which has a tendency to relax. You may pull the perineum forward if liable to lacerate, and you increase the diameter of the vulva.

On motion, the treatment of lacerated perineums was deferred until the next meeting, to be held on March 2nd.

Adjourned.

H. A. KINNAMAN, *Secretary*.

KEOKUK, IA, March 2, 1885.

The Society met at the office of Dr. Jenkins.

The Vice-President, Dr. North, in the chair.

There were present Drs. North, Scroggs, Jenkins, Weismann and Kinnaman.

Dr. Scroggs reported a case for diagnosis: A woman, 25 or 26, married five years; no children; last full menstruation in November. In December, for an hour; in January, an hour; and in March next the abdomen enlarged; no flatulence; no difference between either side; abdomen full, and large enough for five-month's pregnancy; no change in line of dullness up to umbilicus; no change in change of position; cannot outline a tumor; seems to be something like fluctuation; never had peritonitis; always constipated; had gastritis last summer. I examined neck of womb, and found it wrinkled and livid; not tender; slightly antiflexed. I made no diagnosis.

Treatment of lacerated perineum:

Dr. Scroggs: If the laceration is not over one-quarter of the bridge, and the patient be kept quiet and in bed, it may heal. If one-half or the whole, it should be attended to. The physician should examine every case of labor. If detected, and simple, better operate immediately. The parts are paralyzed and can be easily closed by introducing sutures carefully. If complete, involving the rectum, it cannot be done then. Operations fail from lack of care in introducing sutures; may use any kind. If incomplete, introduce the needle at one side, and let it appear at the other side, not through the wound, but below it. If only the edges are closed, there may be a cul-de-sac that is more trouble than the laceration.

Dr. Weismann wished to know how to proceed if the perineum was much swollen?

Dr. Scroggs: Draw the sutures tight enough to approximate the edges. The object of the deep sutures is to antagonize the transverse perinei muscles.

Dr. Jenkins finds it easy enough to unite the lacerations, providing you keep it free from lochial discharges. Some heal by first intention. Generally he makes an examination with the hand im-

mediately after labor, and if not satisfied, makes an inspection.

A letter from a committee of the Jefferson County Medical Society was received, and on motion, was placed on file for future action.

The subject for the next meeting, "Epidemic Cholera." Dr. Bertram was requested to read a paper on the subject.

Society adjourned, to meet at Dr. North's office on the third Monday in March. Adjourned. H. A. KINNAMAN, *Secretary*.

COUNCIL BLUFFS MEDICAL SOCIETY.

COUNCIL BLUFFS, IA., Nov. 11, 1885.

The society was called to order, Dr. Macrae in the chair.

MEMBERS PRESENT: Dr's. Green, Pinney, Cleaver, Macrae and White.

The question of appointing a committee on medical legislation was deferred until the next meeting. Dr. Pinney then read his paper entitled, "Mothers influence upon the foetus," taking the ground that the impressions made in the mind and health of the mother did influence the development of the child in utero, but not always to the extent of producing monstrosities physically but might to the extent of a very devil mentally. Discussion deferred under the rules.

The president, Dr. Lacy, having arrived, took the chair and presided the remainder of the evening.

Vaccination, kine pox, mesmerism, spiritualism, etc. etc., were variously discussed until the hour of adjournment.

Adjourned to meet in Glenwood, Nov. 25, 1885.

J. F. WHITE, *Secretary*.

GLENWOOD, IA., Nov. 25th, 1885.

Society met and was called to order in Dr. Bosbyshells office the president, Dr. Lacy, in the chair.

MEMBERS PRESENT: Dr's. Macrae, Green, Seybert, Bosbyshell, Burt, Powell, Donelan, R. A. Moore and Lacy.

A committee on Medical legislation was appointed as follows: Dr's. D. Macrae, C. H. Pinney, Council Bluffs; F. M. Powell, C. B. Bosbyshell, Glenwood, and E. B. Moore, Harlan.

In the discussion of Dr. Pinney's paper, all doubted the effect of material impression on the foetus and were inclined to regard cases cited as merely coincidences.

Reports of a number of interesting cases of hysteria in the male were made by various members and discussed after which the society adjourned.

F. T. SEYBERT, *Secretary, Pro Tem.*

SCOTT COUNTY MEDICAL SOCIETY.

ACADEMY OF SCIENCES.

DAVENPORT, IA., Dec. 3, 1885.

Meeting was called to order at 8 o'clock, the president, Dr. Kulp, in the chair.

MEMBERS PRESENT: Dr's. Kulp, Tomson, French, McCowen, Preston, Littig and Braunlich.

The minutes of the last meeting were read and approved.

A communication from Dr. Cruttenden, secretary of the committee appointed by the state society, on medical legislation, was read and received.

Dr. Preston moved that the chair appoint a committee of three to co-operate with the committee of the state society on medical legislation. Carried. The president appointed Dr's. Peck, Grant and Middleton members of this committee.

Dr. Littig, the essayist for the evening, read a paper on "The Mechanical Treatment of Pott's Disease."

On motion of Dr. Preston, the paper was received with thanks by the society, and referred for publication.

In the discussion which followed, all members present took part.

After a short discussion on prevailing diseases, diphtheria and scarlet fever, the society adjourned.

HENRY BRAUNLICH, *Secretary.*

NOTE.—The Hamilton county Medical Society has disbanded and formed into the Northwestern Medical Association, including the counties of Story, Hamilton and Wright and counties west along the C. & N-W. R. R. This society meets on the second Wednesdays of April and November. Most of the members also attend the Central District Society.

EDITORIAL.

EDITORIAL NOTES.

The next number of THE REPORTER will have a copy of the bill on Medical Legislation, prepared by the joint committees from the State Medical Societies of the regular homœopathic and eclectic schools of medicine, and condensed with a report of the criticisms—unexpectedly favorable. In the meantime, let every physician of each school make it a personal matter that his representative in the next legislature is fully acquainted with the contents of the bill, and that his personal influence is brought to bear to bring about a law regulating the practice of medicine, that is equitable to all classes of medicine, and a protection to the public. The prohibitory, the pharmacy, and the health laws, have been passed for the public, why not a medical law? *This philanthropical movement is worthy of support.*

* * *

The medical schools are now in full operation. The “want” for more doctors has not lessened, judging by the number of those who are “called.” We are glad to note that the “call” embraces a better preparation, and is extended to more of the better class of physicians. In the regular schools in this State—Iowa City, Keokuk and Des Moines—the degree of improvement in this respect is rather above the average, although the aggregate number of students is below that of some years in the past. Each of these schools has made some change: Keokuk and Des Moines, in its faculty; Iowa City, by adding a Department of Pharmacy, which is, for its beginning on such a short notice, very prosperous. THE REPORTER is in favor of home institutions, and it believes in supporting them, so long as they keep abreast of the tide of general improvement and advancement.

* * *

We have extended invitations to the medical and surgical clinics of this State for reports upon interesting cases; some of which have

been accepted, and therefore we will place before our readers under "Clinical Reports," the best of the material received. We reserve the right to select and to condense.

* * *

Through accidents, this number has been delayed about two weeks. The next number is already in press, and will appear soon.

* * *

The following is from the *Peoria Medical Monthly* under the heading, "An Attack on Dr. N. S. Davis:"

"The IOWA MEDICAL REPORTER continues to attack Dr. N. S. Davis, of Chicago, in a very bitter manner. It accuses him of grave misdemeanors as Dean of the Chicago Medical College, and demands that he be retired both from his deanship and as editor of the *Journal of the American Medical Association*. We have not yet seen any defense from Dr. Davis, and we doubt whether he will make one. With all his faults, no one has yet dared to accuse him of unethical conduct or disreputable practices, and it would take overwhelming evidence to convince us of his guilt in these directions.

"Dr. Davis is often dictatorial, approaching nearly to arrogance, in his manner, but we have always believed that this was due to the power of his convictions rather than to any disposition to be unfair or unjust. As to his being dishonest, the idea is ridiculous."

After the eulogy, "A Wonderful Man," it is not hard to understand how difficult it is for the editor of the *Peoria Medical Monthly* to even entertain any suspicion against Dr. Davis. But his admiration should not permit him to close his eyes to facts.

In No. 11, Vol. II, of THE REPORTER an *exact* copy of a letter written by Dr. N. S. Davis will be found. I still hold the original in my possession. This is POSITIVE PROOF of all the charges I have made.

By referring to No. 2, Vol. III, of THE REPORTER, additional

proof will be found. An honest judgment, that is, one free from prejudice, cannot do otherwise than severely censure Dr. N. S. Davis. If there is any doubt about the letter and circulars being genuine, we are prepared to settle it, and then if "the idea is ridiculous," the editor of the *Peoria Monthly* should widen his gauge to the regulation size.

STATE INSTITUTIONS.

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR NOVEMBER, 1885.

	M.	F.	T.
Remaining October 31, 1885-----	311	259	570
Admitted in November-----	30	19	49
Returned from visit during the month-----	0	2	2
Total under care in the month-----	341	280	621
Discharged during the month-----	11	32	43
Daily average under care-----	319	254	573
Discharged recovered-----	3	5	8
Discharged improved-----	2	4	6
Discharged unimproved-----	3	20	23
Discharged died-----	3	3	6
Remaining November 30, 1885-----	330	248	578

H. A. GILMAN, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR NOVEMBER, 1885.

	M.	F.	T.
Remaining October 31, 1885-----	406	307	713
Admitted curable cases-----	2	2	4
Admitted incurable cases-----	14	9	23
Admitted total number-----	16	11	27
Treated total number-----	322	318	740
Discharged recovered-----	2	2	4
Discharged improved-----	6	3	9
Discharged unimproved-----	6	1	7
Discharged died-----	1	2	3
Discharged total number-----	15	8	23
Remaining November 30, 1885-----	407	310	717

Very respectfully yours,

GERSHOM H. HILL, *Superintendent.*

BOOK NOTICES.

MILK ANALYSIS AND INFANT FEEDING. By Arthur V. Meigs, M. D. Cloth, 95 pages, \$1.00. Published by P. Blakiston, Son & Co.

In this little work the author sets forth that he has discovered that the amount of casein in the human milk is less than is generally supposed. If this is so, it certainly is a very important discovery—one that will change the base of infant feeding. His conclusions come from the evidence of good authority. The mortality among children during their first two years, is one that will make any work on this subject valuable. This, THE REPORTER recommends as being specially worthy.

OPERATIVE SURGERY OF THE BRAIN. By John B. Roberts, A. M., M. D. Published by F. Blakiston, Son & Co. Price, \$1.25.

The first chapter is devoted to the principles of Cerebral Surgery, which he sets forth under nine propositions, and then considers them successively. The arguments, authorities and examples are woven together so as to sustain each of these propositions. And it is ably done. Chapter II is devoted to Cerebral Localization. In his treatment of this subject he acknowledges he is "treading on debatable ground." He finally summarizes under four tables. Chapter III is devoted to Operative Treatment; the Application of the Principles, which he considers under six heads. His statements are positive, and will not leave the reader in doubt as to his meaning. They are cleverly arranged under six sub-heads, for convenience. As a whole, this is an excellent work—one that every practitioner should read. The work deserves an extended notice beyond our space.

BOOKS AND PAMPHLETS RECEIVED.

A NEW ELECTRIC LIGHT FOR THE DIAGNOSIS AND TREATMENT OF Diseases of the Nose and Throat, with a Practical Demonstration. By Dr. William Chapman Jarvis, read at the Seventy-Ninth Annual Meeting of the Medical Society of the State of New York.

OPERATIVE SURGERY OF THE BRAIN. By John B. Roberts, A. M., M. D., Professor of Anatomy and Surgery in the Polyclinic, Philadelphia. Published by P. Blakiston, son & Co.; cloth, \$1.25.

THE PHYSICIAN'S MAGAZINE, Quarterly. Fort G Swift Publishers.

MAN; A CANADIAN HOME MAGAZINE. Edited by Edward Playter, M. D., Ottawa, Can.

ABNORMAL POSITIONS OF THE HEAD. WHAT DO THEY INDICATE? By Edward Bork, A. M., M. D.

HYDRGEN PEROXIDE, By Wm. B. Clarke, M. D.

OBSERVATIONS UPON THE MUTUAL RELATIONS OF THE MEDICAL Profession and the State. An Address Delivered Before the State Medical Society of Michigan, by Donald Maclean, M. D.

DISEASES OF THE THROAT AND NOSE. By Charles E. Sajous, M. D. Published by F. A. Davis, Attorney, Philadelphia. Cloth, 439 pages.

On the 1st of January, 1886, the *American Practitioner* and the *Louisville Medical News* will be consolidated in a bi-weekly, under the name of *American Practitioner and News*.

It is reported in the daily press that one of the subjects of inoculation for hydrophobia by Pasteur, has died of the disease. Pasteur is said to give as an explanation that the thirty days' period of incubation of the disease had passed before inoculation was undertaken in this case.—*Northwestern Lancet*.

According to the researches of M. Spillman, (of Paris), pemphigus is due to the presence of a microbe.—*Med. World*.

IS IT QUACKERY?

Mr. City Editor—Please insert (personally) five times in your paper and send bill to me, or take it out in trade, "*as you like it.*"

"Dr. X. Y. W. G. Jones has just returned from a long and pleasant visit to his friends in the East.

"P. S.—I am going to stay in bed one day next week to have my shirt washed, so on that day you might call me to Blowyour-hornville on a professional visit—Oh! by the way, I killed a mosquito last week—and I had nearly forgotten to tell you that I amputated ten fingers last Friday from as many different persons—and also that I want a wet nurse."

These things get into the daily papers sometimes, yes often, without our knowledge, but not usually without our approval.—*Med. Times*.

The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

VOL. III.

DES MOINES, IOWA, DECEMBER 1885.

No. 4.

ORIGINAL ARTICLES.

WHY THE LEGISLATURE SHOULD ENACT THE PRACTICE BILL INTRODUCED INTO THE SENATE AND HOUSE.

BY J. W. KINE, M. D., FORT DODGE.

It is a well-known fact that the State of Iowa is overrun with quacks, charletans and mountebanks, of every conceivable description. They go about from place to place, preying upon the people, and not infrequently cause the death of those, who, in their blind credulity, seek relief at their hands.

This is more especially the case since Illinois and other States have passed a medical practice act, compelling them to seek other fields for their vocation. For the protection of the people from the practices of these outcasts, and of those who have longer infested the State, this bill is proposed.

Under our present laws, any man, without the least knowledge of medicine, may hang out a sign and practice medicine. Such fellows locate in our cities and towns, and frequently only after a sad experience, are they found to be imposters. Some have forged diplomas, but more have none at all; while not a few have never heard a medical lecture. Thus equipped, they come with flaming posters and column advertisements, announcing the miraculous cures they will effect in every possible disease. These are

eagerly read and hopefully believed, and treasures are poured out in response. Upon no testimony save their own, the people place their lives in their hands, vainly trusting that health will speedily restored. But alas! their money is lost, and their sufferings continue.

We need no further experience with them. They are swindlers of the meanest kind, and it is our duty to suppress them. We are all familiar with their methods, and instances like the following are of frequent occurrence:

A prince among quacks recently hired a preacher, broken down physically and morally, to act as advance agent, under the guise of a horse doctor. He learned all the symptoms of each chronic case in the section visited, and upon taking leave, wrote down the symptoms in the sufferer's own words. These records were given to his employer. When the patient came, he was only asked his name, and the imposter retired to consult the immortal gods about his patient. Upon re-entering, he heard, as if in his own words, the history and nature of his case. This was remarkable and mysterious, and showed the great physician to belong to a superior order of beings. This scheme was very successful, until the advance agent, failing to receive his share of the spoils, disclosed the plot.

The clairvoyant scheme is a very winning card, and is the more successful because the more mysterious and ridiculous. There is a peculiar something in human nature that is ever ready to respond to the miraculous, and the more superstitious and absurd, the more followers there will be.

A patient of one of these—a beautiful young woman, suffering from uterine disease—recently called one of our physicians, who found that the case had continued until consumption had fastened its fatal hold upon her. Thus many cases end, which in time properly treated would have recovered; but “such is the weakness and easy credulity of men that a mountebank or cunning charlatan is preferred before an able physician,” until every chance is lost and death is inevitable.

In this case as the clairvoyant had never seen the lady, the physician very properly protested against such a course. “Oh, no,” says the mother, “he sees her whenever he wishes, regardless of distance. He is a clairvoyant, you know.”

This lady dies a victim of superstition, preyed upon by a leech in the name of medicine.

It is from such wretches we ask protection in this bill.

Hours might be spent in citing cases similar to these, but this is needless, their methods are too well known. We propose as a remedy, compulsory medical education for those who practice the healing art.

Medicine and surgery, with their allied branches, constitute a learned science whose principles are established in nature, and can be learned only by the diligent application of many years.

Of such an education, anatomy is the foundation; it is the cornerstone of the Esculapian temple, and without it, both medicine and surgery fall to the ground. Anatomy is to the physician what Blackstone is to the lawyer; what the sacred volume is to the Christian minister; for how can he diagnose diseases of organs which themselves, in a state of health, are unknown to him. He can, to be sure, say with the ready assurance of the patent medicine vender, "It is liver complaint, Bright's disease of the kidneys, the stomach, or female weakness." This is his category of diseases, and the treatment cannot be superior to the diagnosis.

The surgeon must have a perfect knowledge of the structure of the human body, without this he is but a butcher and a murderer.

The knowledge of the structure of the organs of the body presupposes an understanding of their use in health. Of what practical value can it be to know the structure and be ignorant of the function? To know the brain—the organ—its mighty power unknown? The heart—the muscle—its office a mystery?

Physiology, then, is no less a necessity than anatomy.

As a diagnostic aid in determining the subtle changes wrought by disease, chemistry is of great importance, and every physician should be able to give the public the benefit of this science.

All the resources at the physician's command as embodied in materia medica and therapeutics, and which experience has shown to be of value, we have the right to expect him to possess.

After the foundation of a medical education is thus laid, then begins the real preparation for the actual practice of the profession.

The study of diseases, their diagnosis, the pathological changes wrought by every form of disease, their prevention and the proper application of each remedy. Surgery, with its specialties, obstetrics and the allied branches, each require, in addition, the complete understanding of all past and present experience and knowledge of those subjects.

This, in brief, is a hasty outline of the necessary requirements for the practice of medicine. Quackery knows nothing of any of them. A correct medical education cannot but be the work of many years and the purpose of a life time. To the attainment of this there are two methods, though one is infinitely superior to the other. First, after a good common or college education, to enroll himself a member of a medical school of good standing, either in this country or in Europe, and diligently pursue the course prescribed, and receive a diploma from the same. This, indeed, is the only way in which to properly prepare for the practice of medicine, and none other should be permitted by law. We may as well have educated and able physicians as ignorant and unskilled ones, and if there is a demand for them, and for them only, we will have no other, for the law of demand and supply holds here as in every other sphere of life. If the public is not exacting in its requirements, but permits any man to practice if he choose, regardless of preparation, we may be certain that many physicians will be found who are not a whit more particular as to their fitness for the profession. This, in fact, is the status of the medical profession to-day. We have many able physicians; there are many who should either be compelled to quit the practice or learn its principles.

The other method is employed by those who seek to reap a reward without any sacrifice or labor on their part. Without any, or at most, with but very little preparation, they begin the practice of the profession, and learn in the school of experience, at the expense of the lives of those by whom they are employed, that which should have been learned by careful study.

The requirements heretofore demanded have been such as favor an inferior standing in the profession. The able and learned physician sees the ignorant quack receive patronage to himself. The young practitioner sees the same, and there is no incentive to ear-

nest application. Not to science, skill and merit, but to noise and bluster, bills and posters falls the reward. There is an actual premium on quackery in Iowa to-day. It is an undeniable fact that there is more money in it than there is in the proper practice of medicine. This is a dangerous state of things. Men practice medicine for the money there is in it, and under the existing circumstances, it would be strange that if the tendency of medical progress were upward in this State. This bill provides that those now in practice may continue; but it wisely forbids all others, until properly prepared themselves.

There is a necessary preparation for every vocation. We would not think to employ a man to build a house unless he were known to be a skillful carpenter, nor to shoe a horse unless he had learned the blacksmith's trade, or who would trust an important legal case to an attorney whom he did not know to possess a thorough knowledge of law?

Is human life of less value than these things? Must a man have skill to build a house, or shoe a horse, or try a case at law, while we place our health and lives in the hands of mere pretenders?

It is a legal requirement, that to practice at the bar, a rigid examination must be passed, which will thoroughly test the qualifications of the applicant. The pharmacist, who would dispense drugs, or fill physicians' prescriptions, must first be examined by a board of commissioners, who reject all who fail to possess the requisite knowledge. But a physician, so-called, may prescribe all sorts of poisons in doses of any size, or he may fill his own prescriptions. He can kill by large doses of poison, or in his ignorance, prescribe what is not needed in the case, or is plainly contraindicated. The crime is buried with the patient, and charity writes, "The Lord gave and the Lord taketh away."

We ask that the same test be applied to the medical aspirants that is applied to the lawyer and the pharmacist. The same arguments used in these cases apply here with double force, the responsibility is infinitely greater, for the physician deals only with questions of life and death.

It matters not what theory or school of practice, or even if charlatanism is to be practiced thereafter, it should only be after a thor-

ough medical education is attained. This will injure none, and save the lives of many. To some it may seem strange that the physicians take so active an interest in these questions, and it is often asserted that such a law would favor the doctors, and be money in their pockets. A selfish motive is assigned them for their earnestness. Nothing could be farther from the truth. Study the annual proceedings of the State Medical Society from year to year, and you find nothing of this nature in them. The questions there discussed are, "How can we best promote the public health?" "How can contagion, disease and death be best prevented?" And the health of Iowa is to-day protected by State and local boards of health, composed of physicians whose sole object is to keep contagion from the people.

The physician is the guardian of the public health. None other can be. A knowledge of the nature of the enemy to be opposed is necessary before suitable ramparts can be constructed against him, and none know the nature of diseases and the measures to be opposed to them, except the physician. It is his duty no less to prevent than to relieve suffering, and it is to his successful efforts that many diseases are robbed of their terrors by preventive measures.

Is all this the part of selfishness? Would it not be to his financial interest that all manner of diseases abound?

No more has he a personal pecuniary interest in checking quackery than in preventing small-pox or diphtheria; it will scarce make the difference of a penny to him. The field will be just as full of practitioners. If quacks are removed, good doctors will come to take their places. Why, then, does the profession take the initiative in this movement?

It is they, more than all others, that are brought face to face with the results of quackery, and none others can possibly realize the injury done by it. Its failures invariably, but often too late, come to the profession. Time, which was life, has been lost, and they return but to die.

Again, there is a desire on the part of every honorable practitioner to rid the profession of those who dishonor it. These pretenders pass as doctors and as experts, and their failures—the impossible things they claim to do—and their swindling schemes,

stand charged to the profession; confidence is lost, and to lose confidence in the profession is a public misfortune.

Such a law will be an incentive to progress, and will raise the standing of the profession to a higher grade, and arouse an active interest in medical circles.

The objectors will be in the legislature with long remonstrances and loud cries of class legislation. We contend that this bill is not in favor of physicians. But granting it, is it so more than the pharmacy act in favor of druggists or the legal practice act in favor of lawyers? As to petitions and remonstrances, they are seldom worth the paper on which they are written. But few people know the exact nature of the petitions which they sign. They are always signed without deliberation, and often persuaded by false statements; but the chief reason why petitions are signed, is that somebody requests it, and offence is thus avoided.

But why are remonstrances presented? The quacks are aroused because their means of an easy livelihood is threatened; they must either qualify themselves, or go out of business, and the most of them have no desire to master the science.

Medicine is a science, while quackery is a deception and a fraud. If this were not true, it would be plainly unjust to require the learning of the principles of practice. We cannot deny that there is in medicine much that is yet unknown. But none feel more keenly than the physicians themselves that they do not know everything. Yet it is certain that they who have spent the best of their lives in studying the principles and practice of medicine, with the aid of accumulated experience of fellow workers, know more than they who have given the matter no particular attention.

There is a class of people who are always ready to believe in the miraculous and mysterious in medicine. They expect some great discovery will be made by accident, or inspiration that will relieve all human suffering and distress. This faith is a power in the hands of quacks: they have this universal panacea. Such a discovery will not be made; no such panacea exists; no inspiration will reveal the healing properties of drugs. A foundation principle in the economy of God is *work*, and along this line only, can we expect results. What can be done by man, is left for man to do. God never

helps us in our laziness. He has furnished us the drugs, and given us the brains with which to work, and earnest application will reveal their virtues. This is the high calling of the medical profession, this the work it is doing to-day.

There is in this State a medical department to our State University, and the peoples' money is liberally appropriated to sustain it; only educated physicians are placed at the head of our State charitable institutions and on the State Board of Health. Why is this the case? Is medical science superior to quackery? Are educated physicians superior to quacks? Then only these are fit to practice upon the people, and all others should be restrained. On the other hand, if inspiration, intuition and general chicanery are the essentials for medical practice, we should cease to squander money on medical schools, and no favors should be shown the medical profession that are not equally shown to quacks.

We believe in the principles of this measure; the bill should become a law, not in the interest of the medical profession, but for the people. Every sensible man in Iowa is in favor of it, even those who sign remonstrances against it. We trust that this session of the General Assembly will place this State in the list of those that have already said to the quack, "Arise! take up thy bed and walk!"

THE PRESIDENT'S ANNUAL ADDRESS OF SCOTT CO. MEDICAL SOCIETY.

BY J. H. KULP, M. D., DAVENPORT, IOWA.

[Read Before the Scott County Medical Society, in Davenport, Iowa, Jan. 7, 1886.]

LADIES AND GENTLEMEN:—In the early period of my service as presiding officer of this Society, I was requested to prepare for this occasion, an article upon the subject of Insanity. Having had a few years of *practical* experience with this class of patients, and being interested in institutions set apart for the treatment of these unfortunates, the subject is to me one of great interest.

According to Bucknell and Tuke, one who attempts to diffuse insanity "will only show the narrowness of the definer. He will not go far wrong if he regard insanity as a disease of the brain

(idiopathic or sympathetic,") affecting the integrity of the mind, whether marked by intellectual or emotional disorder. Such affection not being the mere symptom or immediate result of fever or poison." The disease is classified differently by different authors. The following for practical purposes being about as good as any: Mania, Melancholia, Dementia and Imbecility, or Idiotism. Then we have the term, Monomania, which implies an insanity on one subject—principally such as taking that which does not belong to one without there being a proper need of the article; taking too much strong drink when one is not thirsty, etc.

All of you have probably seen types of cases as classified above, and a description of the terms used to denote certain forms of insanity will not be necessary in this paper. What interests the practical, every-day physician is, what shall we do with the case of insanity which comes under our care in every-day practice? We meet the cases often. The father of a family, prudent, careful in his habits, a good provider for his family, choice in the language he uses before his friends, wife and children; gradually and almost imperceptibly begins to change, becomes careless as to his personal habits, sleepless and restless at night, forgets to provide properly for his family, forgets to be choice in his language to those with whom he is in daily intercourse, takes pleasure in dissolute companions, both male and female; in whole, becomes an *entirely changed* man. About this time the family physician will be taken into confidence by the aggrieved and anxious wife, who is the first to notice the change which has been taking place in the husband for months previously, and *now* is the time for us to do good, if any good can be done, outside of the restraining influence of a hospital. First of all, gain the confidence of the patient, and be *plain* with him; tell him frankly what the result will be if he will not help you to get himself into the right channel of thought and action; correct his sleepless condition, improve his digestion, direct his thoughts into the proper channel if possible; but if you find that in spite of what is being done for him, he is constantly growing worse, then I say remove him to a hospital as soon as possible, get him away from all the influences that have played a part in bringing on the disorder, give him absolute rest, both of body and brain, and in

this way accomplish what you would do for a broken bone—resolution. All hospital statistics go to show that the largest percentage of cures occur in those patients who are sent early in the progress of the disease, before organic changes occur in the brain. The treatment of patients at hospitals for the insane is carried out on scientific principles, and an effort is being made to find causes of the disease and the parts of the brain diseased, by minute microscopic examinations of the brain after death, and for that purpose many hospitals have specially-educated pathologists constantly employed. So far as I know, the Mt. Pleasant Hospital for the Insane is the pioneer in giving to the world at large the first illustrated report of the work done in their line. The pathologist employed there is a very excellent one, and the work he is doing, of a satisfactory character.

Another view, over which I have thought a great deal, I wish to present to your notice, before closing, and that is, divorce on the ground of insanity. It may seem inhuman to advocate such a belief upon this occasion; but, ladies and gentlemen, there are two sides to every question.

Picture to yourselves, for instance, a young, bright, intelligent couple, united in marriage; after a few months—or years—one of them becomes insane, the other waits and hopes for the recovery of reason, through months and years, but the light of reason has flown forever, and there is nothing left but the complete wreck of a once bright and interesting person. Imagine the one who is well, going through life with this blight always hanging over him, no chance for new companionship, deprived of the rights of getting one to assist in bringing up the children, which may be left, the eyes of the world ready to criticise every action and act. Two lives ruined instead of one. I believe that insanity existing for five years should be grounds for divorce. The question of incurable insanity to be decided by a commission of medical experts, and proper division of the property be made for the support of the one insane, in comfort through life. I believe there is a moral point of view to be taken in this connection, which needs the attention of our State legislators, which you, as medical men, will understand. On the other hand, unprincipled persons might attempt to take undue

advantage of such a law, but being carefully watched by every one, unjust advantage would be almost impossible.

The meetings of this Society have been held regularly, excepting upon a few occasions, and have been of a harmonious and instructive character. Our mutual relations have been pleasant, and I thank you for your kind indulgence and support.

PELVIC ABSCESS.

BY LEWIS SCHOOLER, M. D., DES MOINES.

Having recently seen a number of cases of this disease in the practice of other physicians, and the almost universal failure on the part of the medical attendants to recognize the character of the difficulty, is my only excuse for attempting to lay before the readers of THE REPORTER a short essay on a subject with which they probably consider themselves sufficiently familiar. Though the literature of this subject was very meagre until the appearance of Grissolle's Monograph, in 1839, which up to that time was the best of its kind.

They may be divided into two classes: sub-peritoneal and sub-aponeurotic. The first variety, as its name indicates, is situated immediately beneath the peritoneum; the second is a true phlegmon, and is situated beneath the aponeurotic fascia, and is located within the true pelvis, involving the inner margin of the iliac and psoas muscles, and surrounding the vessels and nerves in that locality. The first variety does not always form a distinct tumor, but may pass up beneath the peritoneum as far as the kidneys, or even as far as the diaphragm.

While the phlegmon is always limited to the true pelvis, and is felt in the region of the obturator foramen, both may, however, open into the neighboring viscera.

The first variety usually points above Poupart's ligament, and can be felt as a soft, fluctuating, indistinct tumor, somewhat irregular in outline, and in many cases no trace of it can be found by a vaginal examination.

The second variety can usually be found in the situation above described, and [unless about opening into the vagina, presents a

hard, elastic sensation to the touch, and if in its incipency, repeated examinations may fail to detect it, though all the subjective symptoms indicate its presence, as the following case will illustrate.

Lizzie T.; American; aged 17; single; domestic; good family history; had always enjoyed good health until about six months before coming under my care, with the exception of having had an attack of intermittent fever. When first seen, complained of pain in pelvic region; appetite, poor; pulse, 130; temperature, 103 in the afternoon; had a distinct chill every day, but not at any definite hour; bowels, constipated; tongue, heavily coated with a thick brown coating; she was emaciated; had night sweats; etc., etc.

The fever was distinctly hectic, and had probably been so from the start, instead of an intermittent.

A vaginal examination revealed nothing abnormal in the pelvis; large doses of quinine were administered with some benefit, and after two weeks the chills ceased for five days, then they again recurred, and another vaginal examination was made, but revealed nothing. She continued in this condition, with the exception of cessation of night sweats, which were relieved by small doses of atropia, and an occasional remission of the chills, improvement in appetite, and constipation for two months. During this time the idea of a true phlegmon was never abandoned, though repeated examinations by several competent gentlemen failed to discover it.

At the end of the second month, in making a careful digital examination, I discovered a hard, slightly elastic tumor above the obturator foramen. An aspirator needle was at once introduced, and about three drachms of pus evacuated with much difficulty, on account of the granular condition of the pus, showing that it was of long standing, and that the serum had been absorbed. After this the chills ceased, and she improved quite rapidly for three or four weeks, when she again relapsed. The aspirator was again used, though only about half the quantity of pus could be obtained. This operation was also followed by improvement. A third aspiration was performed a week afterwards, but was unsatisfactory. She continued, however, to improve slowly and to gain in flesh, and in twelve weeks left for home greatly improved, since which time I have only heard from her once (about three months after leaving

my care) when she was reported as steadily but slowly improving.

She being a hospital patient, passed from under my care in a day or two after the pus was discovered. No incision was made in the tumor, as would have been done had she remained under my care. The gentleman who succeeded me did not deem it advisable to make such opening.

CASE II. Mrs. I.; American; aged 23; married; had never been pregnant; was seen by me, in consultation with another physician, April 15, 1884. She was pale, emaciated, and unable to walk about; pulse 124; temperature 102; appetite poor; had profuse watery diarrhœa; complained of pain in pelvis digital; examination per vaginam showed uterus pressed down on perineum and immovable; sound penetrated only one and one-quarter inches; no fluctuation. Examination of abdomen revealed a soft, fluctuating tumor, occupying the right iliac space, extending above the lower ribs, with a tumor of the same character, though not so well defined, extending two or three inches above Poupart's ligament on the left side. An abscess was diagnosed, and an operation was advised, but refused.

Was called again in consultation July 20. She had evidently lost ground very rapidly; not much difference in the size of the tumors. Two weeks afterwards was called to make a *post-mortem*. When the abdomen was opened, the track of the abscess could be seen beneath the peritoneum, extending from the broad ligament on the right as high as the kidney; the pus having escaped through an opening into the anterior wall of the rectum nearly the whole of the broad ligament was destroyed. No trace of the right ovary was found; the left was apparently about four times its natural size, but on opening the capsule, no trace of the ovary existed; the capsule was filled with a cheesy mass, the result of suppuration. The uterus was healthy, but rudimentary, thus accounting for the inability to introduce the probe any further than mentioned above.

The peritoneum covering the inner border of the iliacus and the psoas muscles was of a very dark brown color. The intestines were adhered to the peritoneum, and in three places were gangrenous. The points at which these collections open are sometimes

very curious. But now having transgressed the limits allowed me, I will have to refrain from any further consideration of the subject at this time, but may in the future resume the subject, and cite a larger number of cases, together with operations for their relief.

CORRESPONDENCE.

OUR GERMANY LETTER.

WM. L. ALLEN, M. D.

VIENNA, December 21st, 1885.

To the IOWA STATE MEDICAL REPORTER:

The war between Servia and Bulgaria has been the only cause for excitement here for some time; the first engagements filled the few hospitals in Bulgaria and Servia to such an overflowing extent that the Red-Cross Society was found to be a great blessing and calls were made for physicians, nurses and materials, from all quarters. A number of Austrian and American physicians left here in November for Belgrad, which is the nearest and most important city in Servia, and where some twelve hundred wounded had been conveyed.

The people in both of these kingdoms are, to a large extent, in a rough and uncivilized condition, entirely unprepared for the misfortunes of war. The Servian Government appointed Dr. Maydl, who has been for several years first assistant of Prof. Albert, Surgeon General of Servia. He repaired at once to Belgrad and writes from there on Nov. 26th as follows: "My first step was to our colleague, Dr. Subbotic, who, as Surgeon of the Clinic here, had arranged everything for my arrival. Subbotic has improvised a Surgical Hospital for two hundred men in the Theological Seminary. I was much surprised at the comparatively complete arrangements. I mean as regards operating gowns, fountain syringes, carbolic compresses, bandages and materials, and instruments, and several tolerably well-trained nurses. Here I made the morning visit with him and operated on several urgent cases. About 50 per cent. of the injuries are of the fingers and toes. Most

of the wounded have "Gott sei Dank," reacted well although in many cases the wounds have sloughed a great deal on account of the concentrated solutions of carbolic acid used in the hurry of the moment.

"We are now dressing with Iodoform on Cotton. A single case of erysipelas was removed bed and all to a private house. We have at present twelve hundred wounded; to-morrow six hundred more will arrive from Tirsch, where there will still remain about eight hundred; and, in Kragujewac, over five hundred.

"Prof. Mosetig has taken charge of the Academy Hospital and also that in the fort here; I will probably take charge of the Seminary Hospital, two hundred beds, the University Hospital, one hundred and twenty-one beds; also those in the 'Gymnasium,' in the 'Citaonica,' in the 'Mala Skola,' and perhaps that in the Garrison and the Military Hospital. On account of this unavoidable division of the wounded we require many more instruments, and more especially those to check hemorrhage, so that each Hospital may be provided with the most important instruments for emergencies. It was with the greatest pleasure that I saw the arrival of the twenty Sisters of the Order of the Holy Frances of Assisi; they are all trained nurses and are consequently a real blessing, for there are not, and can never be, enough good nurses here."

Dr. J. M. Parker, of Davenport, was so fortunate as to receive a special appointment through the Servian Minister to Austria, and is now stationed with another American, at Nisch. From what he has written me I gather that the improvised Hospitals in that vicinity were in a most deplorable condition, neither instruments, bandages, nor medicines at hand, and with a meagre appropriation to work with and among a most ignorant people, this work must have been surrounded by all kinds of difficulties and annoyances and discomforts.

The greatest attraction in Europe to medical men is the General Hospital, (Allgemeine Krankenhaus), here in Vienna. The report of this hospital for the year 1884 has just appeared and gives one a very good idea of the vast number of patients treated in this Institution. The Hospital is particularly fortunate in numbering among the twenty-four Professors, such men as Billroth, Nothma-

gel, Bamberger, Stellwag, Meynert, Braun, Spaeth, Albert and Politzer. There are two thousand beds, exclusive of the Lying In Wards, in which there are nearly ten thousand confinements annually, and the service numbers sixty-one assistants and internes and two hundred and twenty-six nurses.

There were during the year 1884, 25,680 patients under treatment, (*i. e.*): 15,916 males and 9,773 females, exclusive of the Ambulatoriums and the Lying-In Wards:

Of them, there were discharged as follows:

	M.	F.	T.
Cured-----	7,729	4,803	12,532
Improved-----	2,742	1,743	4,485
Incurable-----	1,578	1,279	2,857
Transferred to the Convalescent Hospital-----			1,174
Deaths-----	1,162	1,237	2,899
Remaining-----	1,031	711	1,742

Of those classed as Incurables, 1,235 were insane, and the remainder sent to Asylums for Incurables.

The mortality rate was: 11.1% male, 13.5% female; average 12.1%. And, exclusive of tuberculosis, the rate was: 7% male, 10.1% female; average 8.2%.

This report, which is the one-hundredth since the founding of the hospital, also gives the statistics for the last hundred years, which are certainly encouraging, for in spite of the increase of tubercular patients and a gradual increase in the total number treated annually, the mortality rate has decreased from 16.02% in 1790 to 12.10% in 1884, and there have been in one hundred years 1,654,726 patients, with 237,218 deaths, or an average rate of mortality of 14.33%.

This report, which makes a volume of 443 pages, goes into the clinical statistics of the various departments in detail, the most valuable of which is the report of Prof. Neumann on Syphilis, which covers in itself some eighty pages, having treated 1,659 cases in that year.

Of pulmonary tuberculosis there were 1,936 cases with no cures and 1,054 deaths, or nearly 40% of all the deaths in the hospital.

Dr. Zemann, the first assistant of Prof. Kundrat, reports the results of 1,796 post-mortem examinations during the year, among

which are found some eighty-six varieties of disease as the cause of death.

The yearly expenses of this large institution are remarkably small. The average retention of each person was 25.59 days, at a total expense of eleven dollars and forty-four cents per person, the food and drink costing twelve cents, for heating, lighting and repairs, twelve cents; for assistants and officials, six cents; for medicines, bandages and instruments, six cents; for nurses, five cents, and for washing, three cents a day per person.

There are at present about two hundred American and English physicians here engaged in the numerous private courses which are given by the assistants and internes, and these courses are particularly valuable on account of the vast amount of material at hand, and the fortunately accommodating disposition of the patients. Among the most popular courses are those on "Diseases of the Throat and Nose," "Obstetrics," "Gross and Microscopic Pathology," and "Skin Diseases."

The most valuable and popular lectures and clinics are Nothnagel's Kaposi on Skin Diseases, and Kundrat's on Pathology. Billroth's clinic is so filled with assistants that it is difficult to see very much surgery. Billroth operates every day from ten until twelve o'clock, although many of his operations are original and valuable and he possesses the greatest amount of manual dexterity and works with skill, neatness and rapidity; nevertheless he lacks that enthusiasm which attracts students to so many other surgeons, and here in particular to Albert; Billroth very frequently branches out on Pathology in a very interesting manner with blackboard illustrations; he has accepted Koch's bacillus of tubercle, but is even less rigid than formerly as regards Listerism. Thorough *cleanliness*, *drainage* and *iodoform* are his favorites; sponges are used and no spray. Very lately he has made a number of operations for cancer of the tongue. Two of the patients were over seventy years of age. The operation, by tying the lingual artery, was nearly bloodless, and both made a speedy recovery, the floor of the mouth being packed with iodoform gauze. In order to show the students how easy it was to tie the lingual artery he found and ligated the same in one case, after making the first incision, without using his eyes.

A few weeks ago he removed a set of false teeth from the stomach of a woman by external incision, and she is now fully recovered. Prof. Albert believes in antiseptics in the strictest sense. He uses no sponges, and corrosive sublimate, idioform and carbolic acid are used in abundance as well as spray, and everything is kept very neat and clean; he does not have such brilliant operations in his clinic as Billrath does, but he is a very critical teacher, and much liked by the profession; he exhibited an interesting case the other day, of double dislocation of the humerus, both being subcoracoid.

Prof. Carl Braun, has gynæcological clinics every day from twelve until two o'clock, he has been in charge of one of the three divisions of the obstetrical wards for over thirty years, and has probably had more experience in obstetrics than any man in Europe. He is too large and awkward to be called skillful, but his vast experience has given him the greatest amount of confidence, and his operations are most thorough, but exhaustingly slow. During the year 1884 he reports one hundred and fifty-nine gynæcological operations, forty of which were laparotomies, with the following results:

Ovarian cysts—Successful, 16.

Dermoid cysts—Successful, 1. Death, 1.

Fibroma uteri, with supravaginal amputation—Successful, 11.
Deaths, 3.

Laparotomies for cancer and sarcoma—Successful, 1. Deaths, 5.

Cyst of the colon—Successful, 1.

Incision for ascites in tubercular peritonitis—Death, 1.

Among twenty-four other operations for cancer, there were two total extirpations of the uterus per vaginum, one being successful and one death.

PLACENTA PRÆVIA.

ED. REPORTER:—In conversation with a brother practitioner, a few days since, he reported a recent case of placenta prævia, which had given him much trouble, although its outcome had given him much joy. It recalled the following cases, which gave me anxiety as well as trouble:

The first occurred in early medical life, and its remembrance is vivid yet. The lady was a robust American, twenty-four years of age, encient with her first child. Repeated and profuse hemorrhages gave unquestionable notice of its presence and danger. The case went to term. Living near, I saw the patient within ten minutes after labor commenced, and found her deluged in blood. Without a moment's delay, I introduced my hand, rapidly tore away the placenta and removed it—possibly a questionable procedure; then grasped the feet, turned the child, and delivered the mother of a fine boy, now a prosperous farmer in California.

My second and third cases resembled my first, except that in the second I tore an opening in the placenta, through which I introduced my hand, seized the feet, turned and delivered as in case No. one; while in the third I succeeded in removing the placenta at its edge. Folding it back, but failing to bring the head forward to check the hemorrhage, I introduced my hand, seized the feet, turned and delivered as in the other cases. I cannot but congratulate myself that I have never lost either mother or child in placenta prævia simple; a result, in my opinion, of rapid work. Such obstetrics may smack of butchery, yet life has been the happy result. Nor can I banish a suspicion that many valuable lives have been sacrificed by the timid accoucheur. These cases are, of course, extreme ones, where delay indicated immediate death. When delay appeared safe, my course has always been, call an assistant when practicable, administer an anæsthetic, and proceed to dilate and deliver in a manner more secundum artem, perhaps. S. B. C.

Osage, January, 1886.

REPORT OF CASE.

HYDATID DEGENERATION OF CHORION.

BY CHARLES ENFIELD, M. D., JEFFERSON, IOWA.

I was called on January 3, 1885, to see Mrs. M., at forty-six, a multipara, whose youngest child was then four years old. Her menses had been irregular, and recently she had been suffering from metrorrhagia, that had produced extreme anemia. A vaginal

examination found the uterus as large as at the fifth month of pregnancy, with the os tightly contracted. The usual remedies for the control of hemorrhage had been prescribed without avail, by myself and other physicians.

The history pointed to a probable conception four months previous. Shortly after which, while riding over a rough road, she was jolted severely, and immediately felt very sick. I advised dilatation and emptying of the uterus, to which consent was given. Inserting a large sponge tent at 2 P. M. I awaited developments. Towards evening signs of profound shock made their appearance, which required the free administration of whisky hypodermically, and by the mouth.

At midnight I found the os dilated so as to admit the finger, which moved in an inflated uterine cavity in which was a mass of soft material. The os seemed rigid, but as hemorrhage began to make its appearance, and the condition of my patient was very alarming, I anaesthetized her, and with the assistance of the husband and one of the neighbors placed her upon a table for greater facility of manipulation. Carrying the hand into vagina, a gush of blood and clots was projected with force. Continuing the manipulation, I removed several handfuls of the grape-like bodies with clots, and making counter-pressure, was gratified to find the uterus contracting firmly. After a hot water injection into the uterine cavity to remove debris, we put the patient into her bed. Her pulse, before the introduction of the tent, was 120, and feeble. It was now very weak, but she felt hopeful when her consciousness was restored, and believed her stomach to have recovered from its nausea.

I left her in the care of Dr. Walter Lovejoy, who irrigated the uterine cavity three times daily for several days, and she made a good recovery.

This number has been held in order to await the action of the Senate Committee on Medicine and Surgery, upon the bill regulating the practice of Medicine and Surgery. It will probably be reported back as published.—[Ed.]

SOCIETY REPORTS.

CENTRAL DISTRICT MEDICAL ASSOCIATION OF IOWA.

BOONE, IA., Dec. 15, 1885.

The Central District Medical Association of Iowa met at the Wells House, in Boone, Tuesday, Dec. 15, 1885.

The meeting was called to order by J. D. McVay, of Lake City, President.

The following officers and members were present:—H. D. Ensign, Vice-President; A. A. Deering, Secretary and Treasurer; D. S. Fairchild, D. N. DeTarr, W. S. Schermerhorn, D. Sickler, J. M. Sherman, P. S. Moser, F. J. Kriebs, O. W. Lowry, R. R. Williams, L. J. Alleman, E. B. Plumb, L. R. Sale, J. H. Noyes, G. D. Rowe, J. H. Lyon, S. O. Stockslager, W. L. Ross, D. J. Brookings.

The minutes of the last meeting were read and approved.

The Board of Censors reported, recommending the following gentlemen for membership, and they were duly elected:

U. C. Jones, Breda; H. M. Templeton, Ames; J. N. Medburg, Webster City; W. N. Green, Webster City; F. J. Will, Eagle Grove.

Dr. C. A. Story was elected a member by invitation.

Dr. L. R. Sale read a very interesting paper on "Puerperal Eclampsia," which elicited a general discussion.

"The Germ Origin of Tuberculosis and Cholera" was presented at length by Dr. Fairchild, giving views of specialists upon this interesting subject at the present day.

At this point in the proceedings supper was announced, and the members with their ladies soon filled the dining room of the Wells House, where an elaborate supper had been prepared for them, and to this part of the meeting we believe the doctors did ample justice. After supper, the ladies adjourned to the parlors, and the physicians held an evening session.

The following members were elected delegates to the State Society:—W. L. Ross, Medbury, Will, Plumb, Jones, Lyon, Sherman, Sickler and Williams.

To the American Medical Association:—Medbury, Will and Noyes.

The Secretary was instructed to fill vacancies.

Dr. E. B. Plumb presented a very practical paper on "Puerperal Peritonitis," which brought out a general discussion of this subject by the members.

On motion of Dr. Moser it was voted that the next meeting of this Society be held at Ogden.

The President appointed as Committee of Arrangements for the next meeting, with the Secretary, Drs. Noyes and Sickler.

To present subjects at next meeting:—Drs. Williams, Sherman, Lyon, Green, Templeton, Sickler, Sturgeon, Kriebs and Deering.

The following resolution was unanimously passed:

Resolved, That the thanks of this Society are hereby tendered to the proprietors of the Wells House, for their kindness and attention shown to us, and also for the excellent accommodation provided for our entertainment.

The Society adjourned at a late hour, after one of the largest and most interesting meetings ever held.

ANNUAL MEETING OF THE SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, IOWA, January 7, 1886.

The meeting was called to order at 2:00 P. M. by the President, Dr. J. H. Kulp.

The members present were Drs. Kulp, Preston, French, Hazen, Crawford, Littig, Braunlich and Nichols.

The minutes of the December meeting were read and approved.

The Treasurer, Dr. Preston, presented his report for 1885.

On motion of Dr. Hazen the report was accepted.

The election of officers resulted as follows: President, H. Braunlich; Vice-President, J. P. Crawford; Secretary, Stella B. Nichols; Treasurer, C. H. Preston.

After the newly elected President had been conducted to the chair, the retiring President, Dr. Kulp, read a paper on the subject of Insanity, in which he advocated the theory that insanity of five

years' standing should be sufficient cause for divorce. An interesting discussion followed, in which the majority of the participants supported the theory advanced.

The contagious nature of insanity was referred to, and the necessity of sending patients, in the earlier stages of the disease, to institutions where remedial measures could be resorted to in a much more efficient manner than is possible elsewhere.

There being no further business, on motion, the Society adjourned.

H. BRAUNLICH, *President*.

STELLA B. NICHOLS, *Secretary*.

COUNCIL BLUFFS MEDICAL SOCIETY.

COUNCIL BLUFFS, IA., Dec. 9, 1885.

The Society was called to order by the Secretary, and on motion Dr. Seybert took the chair.

The members present were Drs. Macrae, Green, Pinney, Cleaver, Seybert, White, and R. A. Moore, of Silver City.

Drs. Deetkin and Barstow, essayists for the evening, were conspicuous for their absence.

Dr. Moore presented a case for the opinion of the Society as to the diagnosis. The patient, thirty-eight years old, a widow, and the mother of several children, had good health until after marriage; soon after the birth of her first child she lost the fibula of the right leg from necrosis; the half of the right clavicle has been lost quite recently, and over the seat of the sternal articulation is an ulcer, discharging a thin, sour-smelling pus. On the scalp are a number of ulcers of different sizes; these ulcers are circular in form, with thick inverted edges; they extend down to the bone, which is denuded of periosteum; the largest one is about two and one-half inches in diameter, commences nearly half way down the forehead, and extends upwards and backwards into the hair; the smaller ones are all situated in the hairy scalp.

Drs. Green, Pinney, Cleaver, Seybert and White were of the opinion that the disease was of syphilitic origin.

Dr. Macrae was of the opinion that the ulcers were of the rodent variety.

Dr. Moore having but recently taken charge of the case, no one knew how much the disease had been modified by treatment.

Drs. Deetkin and Barstow continued, and White appointed, as essayists.

The Society then adjourned.

J. F. WHITE, *Secretary*.

DECEMBER 23, 1885.

The Society was called to order by the President, Dr. Lacy.

There were present Drs. Pinney, Cleaver, Green, Lacy and White.

Dr. Pinney gave notice that he would offer an amendment to the by-laws at the next meeting, amending Act VI, so that the discussion of papers should immediately follow their reading.

Drs. Deetkin and Barstow, essayists, according to their usual custom, were absent.

Dr. White then read a paper on the "Treatment of Acute Pneumonia."

The special points in the paper were the advocacy of veratrum as a sedative, and the early application of an old-fashioned fly blister; he held that the sooner the latter was done the better, and gave a number of cases illustrating the practice.

Dr. Pinney opened the discussion by a strong argument in favor of veratrum in this disease, and expressing surprise that so many physicians did not use it; did not indorse the early use of blisters.

Drs. Lacy and Green indorsed the paper throughout.

Dr. Cleaver discussed the causes of pneumonia.

Dr. White, in closing the discussion, stated that he did not wish to be understood as advocating a routine practice; but to treat each case according to the indications present, and as Dr. Cleaver stated, he was afraid of veratrum; he further asserted that no patient with a sound heart was ever killed by veratrum.

Essayists for the next meeting are Drs. Deetkin, Barstow and Green.

The Society then adjourned.

J. F. WHITE, *Secretary*.

SEMI-ANNUAL MEETING OF THE KEOKUK COUNTY
MEDICAL SOCIETY.

SIGOURNEY, IOWA, November 10, 1885.

This Society met in Workman Hall at 1:00 P. M. In the absence of the President, the Vice-President, Dr. W. S. Parks, occupied the chair.

The members present were Drs. Scofield, Parks, Richardson, Davis, Sherlock, McWilliams, Cook and Auld; visitor, Dr. Ragan, of Sigourney.

After the regular business of the Society was transacted Dr. Davis read a paper, which was received by the Society, and discussed at length.

A paper by Dr. Sherlock, entitled "What shall we do to be protected," brought out many good points, and discussions followed by Drs. Scofield, Parks and others.

A case was presented by Dr. Richardson for examination, in which there has been differences of opinion in relation to diagnosis: a child in which it has been claimed to be hip joint disease, while others pronounced it to be congenital, and involving the sacral nerves. Considerable discussion followed.

A committee was appointed by the Society for the purpose of looking after the interest of the proposed medical bill to be presented before the coming legislature, composed of the following members: Drs. S. D. Cook, Sigourney; J. F. Richardson, Harper; J. M. Auld, Keota.

Adjourned to meet on the second Tuesday in May, 1886.

W. S. PARKS, *Vice-President.*

J. M. AULD, *Secretary,*

MIDWIVES— * * A frightful source of still-births in this country is the neglect of ignorant midwives. * * In Austria, midwives are only permitted to practice after a preliminary examination. They are obliged to call in experienced obstetricians in every case proceeding abnormally. * * The Medico-Legal Society could do a good work if it would provide proper legislation to control the actions of midwives.—*Medico-Legal Journal.*

Dr. Moore having but recently taken charge of the case, no one knew how much the disease had been modified by treatment.

Drs. Deetkin and Barstow continued, and White appointed, as essayists.

The Society then adjourned.

J. F. WHITE, *Secretary*.

DECEMBER 23, 1885.

The Society was called to order by the President, Dr. Lacy.

There were present Drs. Pinney, Cleaver, Green, Lacy and White.

Dr. Pinney gave notice that he would offer an amendment to the by-laws at the next meeting, amending Act VI, so that the discussion of papers should immediately follow their reading.

Drs. Deetkin and Barstow, essayists, according to their usual custom, were absent.

Dr. White then read a paper on the "Treatment of Acute Pneumonia."

The special points in the paper were the advocacy of veratrum as a sedative, and the early application of an old-fashioned fly blister; he held that the sooner the latter was done the better, and gave a number of cases illustrating the practice.

Dr. Pinney opened the discussion by a strong argument in favor of veratrum in this disease, and expressing surprise that so many physicians did not use it; did not indorse the early use of blisters.

Drs. Lacy and Green indorsed the paper throughout.

Dr. Cleaver discussed the causes of pneumonia.

Dr. White, in closing the discussion, stated that he did not wish to be understood as advocating a routine practice; but to treat each case according to the indications present, and as Dr. Cleaver stated, he was afraid of veratrum; he further asserted that no patient with a sound heart was ever killed by veratrum.

Essayists for the next meeting are Drs. Deetkin, Barstow and Green.

The Society then adjourned.

J. F. WHITE, *Secretary*.

SEMI-ANNUAL MEETING OF THE KEOKUK COUNTY
MEDICAL SOCIETY.

SIGOURNEY, IOWA, November 10, 1885.

This Society met in Workman Hall at 1:00 P. M. In the absence of the President, the Vice-President, Dr. W. S. Parks, occupied the chair.

The members present were Drs. Scofield, Parks, Richardson, Davis, Sherlock, McWilliams, Cook and Auld; visitor, Dr. Ragan, of Sigourney.

After the regular business of the Society was transacted Dr. Davis read a paper, which was received by the Society, and discussed at length.

A paper by Dr. Sherlock, entitled "What shall we do to be protected," brought out many good points, and discussions followed by Drs. Scofield, Parks and others.

A case was presented by Dr. Richardson for examination, in which there has been differences of opinion in relation to diagnosis: a child in which it has been claimed to be hip joint disease, while others pronounced it to be congenital, and involving the sacral nerves. Considerable discussion followed.

A committee was appointed by the Society for the purpose of looking after the interest of the proposed medical bill to be presented before the coming legislature, composed of the following members: Drs. S. D. Cook, Sigourney; J. F. Richardson, Harper; J. M. Auld, Keota.

Adjourned to meet on the second Tuesday in May, 1886.

W. S. PARKS, *Vice-President*.

J. M. AULD, *Secretary*,

MIDWIVES— * * A frightful source of still-births in this country is the neglect of ignorant midwives. * * In Austria, midwives are only permitted to practice after a preliminary examination. They are obliged to call in experienced obstetricians in every case proceeding abnormally. * * The Medico-Legal Society could do a good work if it would provide proper legislation to control the actions of midwives.—*Medico-Legal Journal*.

MEDICO-LEGAL.

A BILL

FOR AN ACT TO REGULATE THE PRACTICE OF MEDICINE AND SURGERY IN THE STATE OF IOWA.

Be it enacted by the General Assembly of the State of Iowa:

SECTION 1. That every person practicing medicine, surgery or obstetrics, in any of their departments, within this State, shall possess the qualifications required by this act. If a graduate in medicine, such person shall present his or her diploma to the State Board of Examiners, for verification as to its genuineness. If the diploma is found genuine, and is issued by a medical school legally organized and in good standing, whose teachers are graduates of a legally organized school, of which the State Board of Examiners shall determine, and if the person presenting and claiming such diploma be the person to whom the same was originally granted, then the State Board of Examiners shall issue its certificate to that effect, signed by not less than five physicians thereof, representing one or more physicians of the schools on the Board, and such certificate shall be conclusive as to right of the lawful holder to practice medicine, surgery and obstetrics within this State. If not a graduate, the person practicing medicine or surgery within this State, unless he or she shall have been in continuous practice in this State, for a period of not less than twelve years, of which he or she shall present to the State Board of Examiners satisfactory evidence of the same in the form of affidavits, shall appear before said State Board of Examiners and submit to such examination as said Board may require. All examinations shall be conducted in writing, and all examination papers, together with the reports and action of the examiners thereon, shall be preserved as the records of the said Board for a period of five years, during which time they shall remain open for inspection at the office of the said State Board of Examiners. Such examinations shall be in anatomy, pathology, therapeutics, principles and practice of medicine, surgery and obstetrics. Provided, that each applicant upon receiving from the Secretary of the Board an order for an examination shall receive

also a confidential number, which he or she shall place upon his or her examination papers, so that when said papers are passed upon by the Examiners, the latter shall not know by what applicant said papers have been prepared. That upon each day of examination all candidates be given the same set or sets of questions. It is further provided, that the examination papers shall be marked upon the scale of one hundred (100), and that in order to secure a license, it shall be necessary for the applicant to attain such average as shall hereafter be determined by the State Board of Examiners. And if such examination be satisfactory to at least five physicians of said Board, representing the different schools of medicine on the Board, the Board shall issue a certificate, which shall entitle the lawful holder thereof to all the rights and privileges herein provided, and the physicians and the Secretary of the State Board of Health shall constitute and be deemed a Board of Examiners for the purposes of this act.

SEC. 2. The State Board of Examiners shall procure a seal within sixty days after the passage of this act, and through the Secretary of this Board shall receive applications for certificates and examinations. The President, or any member of the Board, shall have the authority to administer oaths and take testimony in all matters relating to their duties as examiners aforesaid. The Board shall provide three forms of certificates: One for the person in possession of genuine diplomas; one for candidates examined by the Board, and one for persons who have practiced medicine or surgery in any of its departments for twelve years as hereinafter provided. Said certificates shall be signed by not less than five physicians of the Board, and this number may act as Examining Board in the absence of the full Board; *provided*, that one or more members of the different schools of medicine represented in the State Board of Health shall also be represented in the Board of Examiners. The Board of Examiners shall hold meetings at such places as will best accommodate applicants living in different parts of the State, and at any such time as they shall deem best, and due notice of the time and place of such meetings shall be published.

SEC. 3. The Board shall examine all diplomas submitted to them for such purpose, to determine their genuineness and rightful

ownership of the person presenting the same. The affidavit of the applicant and holder of any diploma that he or she is the person therein named, and is the lawful possessor thereof, shall be necessary to verify the same, with such other testimony as the Board may require. Diplomas and accompanying affidavits may be presented in person or by proxy. If the diploma shall be found genuine, and in possession of the person to whom it was issued, the State Board of Examiners shall, upon the payment of a fee of two dollars to the Secretary of the Board, issue a certificate to the holder of such diploma, and no further fee or sum shall be demanded or collected from said applicant by said Board for such certificate. If the diploma shall be found to be fraudulent, or not lawfully in possession of the holder or owner thereof, the person presenting such diploma, or holding or claiming possession thereof, shall be deemed guilty of a misdemeanor, and on conviction thereof, on complaint of the Secretary of the State Board of Examiners, before any court of competent jurisdiction, be fined not less than twenty dollars.

SEC. 4. Every person holding a certificate issued by the State Board of Examiners shall, within sixty days after the date of such certificate, have the same recorded in the office of the County Recorder in the County wherein he resides, and should he remove from one County to another to practice medicine, surgery or obstetrics, his certificate must be recorded in the County to which he removes. The County Recorder shall indorse upon the certificate the date of record, and he shall be entitled to charge and receive a fee of fifty cents for his services, the fee to be paid by the applicant.

SEC. 5. The County Recorder shall record in a book provided for that purpose, a complete list of the certificates presented for record, and the date of their issue by the State Board of Examiners. If the certificate is issued by reason of a diploma, the name of the medical college conferring the same, and the date when conferred, shall be recorded; and when such certificate shall have been granted upon the examination of the Board, or because of twelve years' practice in the State, such fact shall be recorded. Said records shall be open for inspection during business hours.

SEC. 6. Candidates for examination shall pay in advance to the Secretary of the State Board of Examiners a fee of fifteen dollars (\$15), which fee, together with the fees received for certificates, shall defray the entire expense of the aforesaid Board of Examiners and the balance shall be turned over to State the treasury for the benefit of the school fund, Any one failing to pass the required examination, shall be entitled to a second examination within six months without fee.

SEC. 7. The State Board of Examiners may refuse to grant certificates to any person guilty of a misdemeanor, and may revoke certificates for like causes, or for palpable evidence of incompetency; *provided*, such refusal or revocation of certificate can only be made with the affirmative vote of at least five physicians of the State Board of Examiners, in which number shall be included one or more members of the different schools of medicine represented in said Board; *provided further*, that the standing of a legally chartered medical college from which a diploma may be presented, shall not be questioned, except by a like vote.

SEC. 8. Any person shall be deemed as practicing medicine, surgery or obstetrics within the meaning of this act, who shall publicly profess to be a physician, surgeon or obstetrician and assume the duties thereof, or who shall make a practice of prescribing, or of prescribing and furnishing medicine for the sick, or who shall publicly profess to cure or heal, by any means whatsoever, but nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptors; or gratuitous service in cases of emergency; nor shall this act apply to surgeons of the United States army and navy and marine hospital service; nor to physicians who have been in continuous practice (in this State) for twelve consecutive years—six years of which time shall have been in one locality; *provided*, such physician shall furnish the State Board of Examiners satisfactory evidence of such continuous practice, and shall procure the proper certificate as provided in this act, and for which certificate such physician shall pay to the Secretary of the State Board of Examiners, a fee of two dollars, and thereafter such physician shall be amenable to the provisions of this act. Nor shall this act apply to registered pharmacists when filling physicians prescriptions.

SEC. 9. Every itinerant vender of any drug, nostrum, ointment, liniment, or appliance of any kind, intended for the treatment of disease or injury, within this State, shall pay a license of fifty dollars each month or fraction thereof, said license fee to be paid to the County Treasurer of the County wherein such vender transacts such business or profession; and any person who shall transact any such business or profession without a license, shall, on conviction thereof, be deemed guilty of a misdemeanor, and shall pay a fine of not less than fifty dollars, nor more than one hundred dollars, and stand committed until paid.

SEC. 10. Any person who shall practice medicine or surgery within this State, without having complied with the provisions of this act, shall be deemed guilty of a misdemeanor, and shall, on conviction thereof, be punished by a fine of not less than fifty, and not exceeding one hundred dollars, or by imprisonment in the County jail not less than ten days, and not exceeding thirty days.

SEC. 11. Any person who shall file, or attempt to file, with the State Board of Examiners, as his or her own, the diploma of another person, or who shall file, or attempt to file, with the County Recorder, the certificate of another person, as his or her own; or who shall file, or attempt to file, a diploma or certificate with the true name erased therefrom and the claimant's name inserted; or who shall file, or attempt to file, any forged affidavit of identification, such person shall be deemed guilty of a felony, and upon conviction thereof, shall be subject to the penalty provided by the statutes of the State for the crime of forgery.

SEC. 12. The penalties as provided in this act, for violations thereof, shall not be enforced prior to the first day of January A. D., 1887.

SEC. 13. All acts and parts of acts in conflict with this act are hereby repealed.

SEC. 14. This act being deemed of immediate importance, shall be in full force and effect from and after its publication in two of the daily newspapers published in Des Moines, Iowa.

EDITORIAL.

All legislation should be for the people (for the whole people, the minority as well as the majority, recognizing the rights of each and all). All legislation in which either the majority or minority receives arbitrary power or protection over the other is class legislation, it is unjust, and its arbitrary and popular exercise under "majority rule" is oppressive, unjust, a retrogression, a relic of barbarism, a rule of brute force, slavery, a glove that covers the hand of fanaticism, and a social evil that reacts on the oppressor and the oppressed, and that all men, whose moral and mental endowments are such, that, when cultivated, they give breadth and strength of character and sense of justice, oppose.

The evil results of class legislation have produced such an abhorrence of the name, that it is often raised by the enemies of an honest measure for the purpose of its defeat. Bearing in mind the true object of legislation, there are two (and only two) ways in which it operates; the one, by giving its benefits directly to the people; the other, by giving its benefits directly to a part of the people, and directly from this part to the balance; that is, by giving a part to the people directly, and to the balance indirectly. The latter has often been confounded with the term "class legislation," and used as the whip of the demagogue. The committees appointed by the State Medical Societies of the Regular Homœopathic and Eclectic Schools of Medicine held clearly in their minds the truths above stated. They adopted this bill (published in this number). They studiously and carefully examined each section, so arranging the wording as to exclude everything pertaining to, or appearing like, class legislation. In the general scope of the bill the wants and prejudices of the different classes of people have been observed, and the proper machinery employed to secure its prompt and honest execution. And it has been their intent to treat all honorably

and honestly, to ask for and to expect nothing that is not fair and just to all. The committee who, indirectly, have waited on nearly all of the members of both branches of the Twenty-first General Assembly, have found them to be unusually fair and free from prejudice, and disposed to support any just bill. The manner in which they have generally approved of this particular bill, and the readiness with which they have offered to give assistance, besides approval, indicates that the Twenty-first General Assembly will do more for the people than any General Assembly has done in a long time, and that the bill which has been presented in both branches, championed by Senator Caldwell, in the Senate, and in the House by Representatives Lyon, of Guthrie, and Thompson, of Linn, will become a law. The committees from both Houses on Medicine, Surgery and Pharmacy, are free from prejudices, but would not lend themselves to any measure that was not just to all classes of the people. THE REPORTER is confident that the bill will pass, and yet, all classes of the people, who are interested, should remember that these gentlemen are overwhelmed with business and responsibility, and therefore have but little time to give, other than in the capacity of judges, upon that which is presented to them, and therefore they should be on the alert to present to these judges evidence calculated to indicate the demand, the action, the intent and the scope of the bill.

From custom and experience medicine has become a necessary department; it has its attributes, the supplying and ministering to the wants of the people, and the scientific and professional field within itself. The latter is intrinsic. Its quantity and quality cannot be affected by legislation. That is, you cannot legislate knowledge. The degree to which the physician attains in the scientific and professional field, depends upon his intrinsic worth. Therefore the idea, occasionally advanced against medical legislation, that it makes legal and equal doctors, from a scientific and

professional standpoint, is absurd. The scientific and professional attribute of medicine has not asked, does not, and never will ask for any protection. It is as it should be—free to the world, and each one who takes from it, adds to the common fund.

In its supplying and administering attributes, it, like a common carrier, takes from the scientific and professional attribute, and delivers to the people. No one denies but that the people should regulate action of common carriers. The scientific and professional attribute is common property; all can contribute to it, none can take from it. Therefore, no one physician, or class of physicians, can own, hold, or have a monopoly. The capacity and efficiency of each physician, as a common carrier, to take from this general store and deliver to the people, depends upon the amount of this general fund he is able to hold.

The wisdom and experience of the people have placed about common carriers, restrictions and regulations for protection against injury and loss of life, and to provide for efficient services. This is a benefit to both the common carrier and the people. It insures to the people confidence, and it protects them. It protects the common carrier by the establishment of this confidence, and by giving him a protection from the stigma, and the consequences of adverse public opinion, brought about by carelessness, inefficiency and fraud. For like reasons, the profession of this State, as a body, are in favor of laws restricting and regulating the practice of medicine, hoping thereby to avoid the denunciations, and by this avoidance to raise their standard above any prejudice. In this manner the profession will receive their benefit. It will make but little difference to them in dollars and cents, as the supply will always be equal to, or in excess of, the demand. This bill will recommend itself to all as adequate to meet the demand and to avoid the defects that might make it inoperative.

Two classes of physicians, irrespective of school or ism,—graduates of a medical school, and physicians, not graduates, who have twelve years' experience,—are recognized. The graduate must de-

vote three years of study in the preliminary work, after which, it takes from three to four years of experience to become at all skilled, or even to become familiar with disease in its various forms.

To those who think twelve years a long term of practice for recognition, they should remember that the graduate has spent three years in study to learn from the experience of others, that which from his own experience,—learning from his blunders,—will take him at least three times as long. Adding to this, the general experience he should have, as compared with a graduate of medicine, and we see that twelve years places both,—as near as they can be,—on the same footing. It is a fact that only a very small percent of those of twelve years' experience are equal in efficiency to the graduate.

To prevent favoritism, or any suspicion of unfairness in the examination of those who are not graduates and who do not come under the twelve year clause, the examination is written, and each candidate has the same opportunity, without the examiner knowing whose paper he is examining.

The bill does not prohibit any class or ism. It recognizes none. And it requires that the practitioner shall give evidence that he has attained a certain degree of knowledge. He is at liberty to follow in his practice any kind of treatment. It requires registration of all the evidences of competency, and the selection of a residence in some County in the State. The State bears *none* of the expense, and should there be a balance from the receipts, after defraying the entire expense, it goes to the School Fund.

It gives power to revoke certificates, "for palpable evidence of incompetency," or for the conviction of a crime.

The definition of a practicing physician is broad and inclusive, covering the defects of the laws of some of the other States; it does not conflict with any law except the Pharmacy, and it repeals that part of the law which gives the Pharmacy Commissioners the power to license physicians, for one hundred dollars per year. This confliction is *absolutely necessary* in order to make the bill effective.

It demands a high license from itinerant vender. This is absolutely necessary in order to prevent evasion of the law, as venders of medicine. Under the Pharmacy Act, the license is so low that it will not prohibit those who choose to evade the law as a "vender." The penalties are as severe as the criminal code provides. The penalties do not take effect until January 1st, 1887, giving physicians of the State a year in which to qualify. The act, if passed, will go into force immediately upon its publication, and from that date will be reckoned the term of "twelve years' practice."

While the bill is not as complete and severe as many of the ardent supporters of the measure wish, the committee have tried to perfect an honest bill, not in the interest of any class or click, one that will prove a benefit to the people and the profession, and one that is free from defects that would make it inoperative.

* * *

The opposition to the bill thus far developed, comes wholly from the State Board of Pharmacy. The committee on legislation cannot concede to their demands. They are willing that we shall have anything we want, as long as we do not interfere with them. Their request is reasonable, so far as it does not touch upon the vitality of the bill. And we have conceded and made such changes as they have asked, up to this point. Further than this, the committee can not and will not go. The ninth section, which licenses the itinerant vender, they object to, in part or in whole. Examination of the Pharmacy Law shows that if we incorporate in our bill, as they desire, a clause by which our bill shall not, in any way conflict, interfere with, or repeal any part of the Pharmacy Law, it will render section nine inoperative. By turning to the Pharmacy Law, it will be seen that they are permitted to license for the nominal fee of one hundred dollars per year, (which fee goes wholly to the Pharmacy Board,) itinerant venders, who profess "to cure or heal by any method," etc. The practical result

would be not to license the itinerant vender, as we propose, at a rate that would prohibit him and protect the people and the druggist, but to license them to practice medicine. This would leave such a loop hole, that it would be impossible to stop any traveling quack who chooses to call himself a vender of medicine. The committee from the Pharmacy Board have been shown what would be the result, but they are persistent, and they are using such influence as they have at their command. If the State Board of Pharmacy is honest in its effort to suppress the itinerant vender and the quack, they would not object to the passage of measures that are better calculated to enforce the suppression. They give as a reason that their personal support comes from this license fee. What becomes of the annual registration fee of one dollar, received on or before the 22nd of March, of each year; the additional fee of fifty cents for the registration of removal, and the examination fee of five dollars—if the only support the Pharmacy Board receives comes from the license fees? We do not know, and we fail to find any provision in the Pharmacy Law, other than for the license fees from the itinerant vender, one thousand dollars of which goes to pay the expenses of the Board.

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR DECEMBER, 1885.

	M.	F.	T.
Remaining November 30, 1885-----	330	248	578
Admitted in December-----	37	18	45
Returned from visit during the month-----	1	2	3
Total under care in the month-----	368	258	626
Discharged during the month-----	15	14	29
Daily average under care-----	346	247	594
Discharged recovered-----	8	8	16
Discharged improved-----	0	3	3
Discharged unimproved-----	2	2	4
Discharged died-----	5	1	6
Remaining November 30, 1885-----	353	244	597

H. A. GILMAN, *Superintendent.*

The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

VOL. III.

DES MOINES, IOWA, JANUARY, 1886.

No. 5.

ORIGINAL ARTICLES.

A NEW ATTACHMENT TO OBSTETRICAL FORCEPS.

BY C. E. RUTH, M. D., ATALESSA, IOWA.

In view of the fact that no hand is sufficiently powerful to maintain the handles of a delivery forcep in constant relation to each other during severe and prolonged extractive force in difficult forcep deliveries, and thereby rendering the blades liable to slip from their position upon the child's head with its unsatisfactory annexia, I conceived the idea of annexing a catch to my forceps, which would hold the handles inseparable from each other during the time extractive force is being used, thereby greatly increasing the security of the hold upon the child's head, and at the same time avoiding the severe bruising of the operator's hands, which is often sufficient to almost incapacitate the hands for some days, (at least such has been my experience where the delivery was tedious and the force necessary to effect delivery great.) It enables the operator to concentrate his attention more upon the delivery proper, which is very essential in most cases where competent assistants of sufficient numbers are not available. His attention is not then divided between compression, extraction, anæsthetics, etc.

It should be so arranged as to be instantly loosened and as quickly fastened, so as not to compromise valuable time, and yet be adjustable according to size of child's head and according to amount of compressing force the operator desires to use. Such an appliance I think I have in an Elliott's forcep with a catch attached.

IS THE PRACTICE OF MEDICINE, AS TAUGHT IN OUR MEDICAL SCHOOLS, *RATIONAL* OR *EMPIRICAL*?

In attempting to answer this question we may regard the animal organism as a very complicated machine, the performance of which may be disturbed or interrupted by two classes of causes; first, by some imperfection in construction of the machine, or in the material of which it is constructed; and, secondly, by external and conflicting forces acting through its environment. To obviate, or palliate, the disturbance arising from the causes here enumerated is the object of medical practice.

Hence, if the physician shall be able to recognize, from extended observation the indications of every abnormal action of the organism, and shall have learned, from experience, the most appropriate and efficient agency for correcting such abnormal action, he will be able to pursue, in every case, a correct medical practice; but such a practice is empirical.

A correct diagnosis and a perfect pharmacopoeia are the only essentials of a correct practice. But a correct practice is not necessarily a *rational* practice; for the practitioner may have neither a correct knowledge of the organization, nor of the manner in which his agencies correct its derangement. On the other hand, a rational practice presupposes a correct knowledge of the organism in health, and of its pathological condition in disease; and likewise, of the *modus operandi* of the cure. With such knowledge, the physician, like the well informed engineer, could infer the pathology and apply the remedy with certainty, from the indications of the disturbance.

The animal organization, however, is a much more complicated machine than a steam engine, and therefore a rational practice of medicine would require a much more extended study than is necessary for the successful running and rational management of a steam engine. Although both are composed of a common element, this element is in dissimilar conditions in the two machines.

All we know of matter, are our sensations, induced by contact of matter with matter, and, as life and sensation are manifested by the lowest forms of organization, the biologist assumes that life and

sensation must pertain to matter—are *properties* of matter, and therefore *precede* organization. But sensation *induces* desire, or will, and from sensation and will all mental phenomena may be derived.

The mind and body, which constitute the animal (or human) organization, are therefore developed contemporaneously, the will (not of the perfected organization but that which corresponds with its state of development) being the directing agency. The dissimilarity of the matter which constitutes the organism and the engine, consists, mainly in the fact, that in the organism it is in the condition of complex molecules, whereas, in the engine, its condition is that of simple atoms.

How the nascent mind acts upon the molecules in developing the organism, we may only infer from analogy, as the phenomena are beyond the reach of our senses. But, as dimension, or size, is merely a relative term, the atoms and molecules of the chemist and may appear as large to a suitable recipient, as the planets, suns and systems of the astronomer.

Hence, just as each member of a solar, or a stellar system is felt, and immediately responded to by every other member of the system, so the molecules of which an organism is built, respond to the motion, or nascent desire of every other molecule, thus contemporaneously developing the complex organism of mind and body.

This complex organization and constituent element must be recognized in a rational practice of medicine. But until the essential characteristic of disease is known, a rational treatment cannot be devised. That in every case of disease there is abnormal molecular motion, there is no doubt, but, as among the members of a celestial system, a limited disturbance in their motion is not necessarily destructive to the system, but equilibrium is restored by inherent readjustment of distances and velocities, so in the tissues which constitute the animal organism, there is no doubt that very considerable departures from the normal motions of their molecules are restored by the nascent *desire* of the molecules themselves. In other cases, however, as in concussions of the brain, or spinal column, the change of motion may be so great as to disrupt the molecules, or change their polarities, thus destroying their normal

functions, just as the polarities of the atoms of a bar of steel are changed by the stroke of a hammer.

As all changes of molecular motion are indicated by change of temperature, if all the issues of which the organization is composed were accessible to the thermometer all molecular disturbances could readily be detected, and if such disturbance were sufficient to produce disease, it might in general be corrected. But the inaccessibility of many organs and tissues to such a practice, must always restrict the use of the thermometer within narrow limits, and the practice of medicine must continue to be, in the future, as it has been in the past, mainly *empirical*.

It follows, therefore, from the nature of the case, that the successful practitioner is he whose memory is stored with facts of observation, and that the *rational* element in his practice consists mainly in his ability to draw *logical inferences* from observed facts.

A. B. C.

REPORT OF CASES.

A CASE OF TAIT'S OPERATION.

BY H. L. COKENOWER, M. D., CHARITON, IOWA.

This operation for the removal of the diseased uterine appendages, has during the last decade, passed through all the stages of criticism by the profession, from that of astonishment at its boldness and denunciation of the use of so radical a treatment, to that of an almost universal acknowledgement of its value. Yet there are a few medical men who shake their heads and repeat the old threadbare arguments against such an operation. But the statistics are so overwhelmingly convincing as to the satisfactory results that few can now deny it its proper place in surgical history and science. Batty's operations for the removal of the diseased ovaries failed more frequently of good results than those of the present day, as he found that menstruation often continued uninterrupted. Tait then announced his belief that the fallopian tubes were an important factor in menstruation, and that they should also be removed to bring

about the menopause more rapidly; so also the tubes were as likely as the ovaries to be the seat of the diseased, sought to be remedied by the operation.

I report this case for the one reason that in an operation of so recent adoption and of such gravity, the most accurate statistics of all cases should be preserved for future use.

Jennie McM., American, aged thirty seven, married, menstruated first at sixteen. Menses normal except at times quite profused. Married when about twenty two years of age. At the birth of her first child, about three years after her marriage, she had a severe attack of peritonitis which compelled her to be in her room for months. After her recovery from this attack, she began to suffer much from dysmenorrhoea. At times there would a period of six months or more that she would have perfect immunity from pain, and then her periods of intense suffering would reappear and rarely last less than eight or ten days. Her suffering at these times evoked the pity of her friends and they sought relief for her from numerous members of the profession. I was first called to see Mrs. McM. in May, 1884, and have had her in my care ever since. Treatment availed nothing, except to mitigate her sufferings temporarily and disclose more fully the nature of her disease, which was diagnosticated as chronic ovaritis of right ovary with salpingitis of the right tube. She never complained of her left side. For six months previous to the operation, her menstruation was irregular, and the pain unfitting her for ordinary house work. Hystero-maniacal attacks became frequent, followed by despondency, at which times she exhibited a suicidal intent.

An operation was finally advised and readily acceded to by both patient and friends. November 7th, assisted by Drs. Vance, Farrants and Brockett, I operated. An incision of four inches was made in the median line, just above the pubes, and the abdominal cavity opened. The fundus uteri was sought for; this was found bound down so firmly with the fallopian tube that it was necessary to pass in the whole hand to reach and tear the ovary from its stronghold of attachment. This much accomplished, the tube was transfixed as closely as possible to the uterus with a double catgut carbolized ligature, one half tied on either side; the right ovary and

tube removed. The stump was thoroughly seared with the actual cautery, and dropped back into the abdominal cavity. The ovary was less than normal size. The tube was distinctly cystic and distended, and gave every evidence of the correctness of the diagnosis of salpingitis. The left ovary and tube was then sought and examined, and gave every evidence of health, and as her family history precludes any doubt as to the disease being Gonorrhoeal in origin, the appendage was not removed. The abdominal cavity and wound was thoroughly cleansed with a two per cent carbolyzed solution, the greatest of care being taken against any of the points oozing, after which the wound was brought together with five deep silver sutures, and silk superficial sutures. The dressing used was absorbent cotton rendered antiseptic, and antiseptic gauze and oiled silk, completed with a flannel binder; the patient was then placed in bed.

Four hours after, the temperature was 98 degrees Far. A number of bottles of hot water were placed about her, and her extremities again became warm. Pain was allayed by the injection of morphia, large quantities of which was used, owing to her previous use of it. This we had to discontinue on the fifth day, as the effect of the drug seemed to increase her nausea, which was an alarming factor for many days.

Suppositories of Hyoscyamus were then used with good results. She was unable to retain any nourishment up to the fifth day, and no solid food up to the tenth day. Her bowels were not allowed to move until the ninth day. The sutures were all removed the morning of the ninth day. The wound was found to be only partially united. Adhesive straps and iodoform and dry dressing were applied. Her temperature never rose above 103 degrees Far. and her pulse 150. Her convalescence was slow. She sat up in a chair two hours on the eighteenth day. On the fourth day after the operation, there was a slight menstrual flow. The urine was drawn with catheter for six days. It may be an error to postpone an operation for the removal of the uterine appendages until the patient is almost exhausted with suffering, yet there is a very natural timidity to shrink from assuming so grave a responsibility, especially in those of the home circle. In the study of Tait's operation and the

causes which have demanded so heroic treatment, the whole profession must be interested.

I have delayed this report that I might be able to give not only the history of the operation, but also of the subsequent condition of the patient. She has recovered her former mildness of manner, and although cannot be called a robust person, yet she is able to perform her household work with a fair degree of comfort. She continues to menstruate at regular periods, and is wholly free from pain.

PRECIPITATE BIRTH AND CONGENITAL HERNIA.

BY ROSA M. UPSON, M. D., MARSHALLTOWN, IOWA

Mrs. M. B. S.—Age 30, American premipara, always strong and healthy, well proportioned, height five feet four inches, weight 146 pounds. Has been a teacher in country schools for upwards of twelve years. Conceived the idea that on account of her age and former occupation she would have a difficult delivery, and having no physician of any standing nearer than ten miles, came to Marshalltown to place herself under my care.

November 28th, 1885, at 9 o'clock in the evening, I called at the house where she was staying, and found her feeling very well indeed. No pains whatever, and inclined to believe that she had miscounted her time. At 1 o'clock the same night I had a call in that neighborhood, and reconnoitered the house, but everything was quiet, and I went home and to bed feeling sure that I should not be disturbed from that quarter. At 4 A. M. a messenger came in great haste, saying that I was wanted immediately, and that the baby was probably born by this time. I dressed hastily and walked the intervening block as quickly as I could, and found sure enough that the child was born. Two ladies were present, neither of whom had ever been at such a place before, and had done nothing to assist in the delivery. I cut the cord and soon delivered the placenta. The perineum was ruptured, and the patient was in such a nervous, excited condition, that I concluded to defer the repair until later on. Upon inquiry, found that the patient had retired at 10 o'clock, and fell asleep immediately. Did not awaken until as the clock

was striking three, and felt slight pains in the abdomen, but attributed them to the hearty supper she had eaten the night before. Patient was sleeping in one of the double parlors, with the lady of the house in the other and the folding doors open between. The lady of the house heard no noise, and did not awaken until she was called by patient as the head was being delivered. A messenger was sent immediately for me, and the child was born when I arrived. There was very little flow and slight after-pains. The abdominal muscles were very flabby and the whole system very much relaxed. Was this a normal delivery, or was it an abnormal condition, produced by medicines used by the patient before her confinement?

As I stated before, patient was fearful of a "hard time," as she termed it, at the birth, and about the end of the sixth month had obtained a medicine, advertised by a Southern firm, for the purpose of producing an easy delivery, and had bathed the abdomen freely once or twice every day the last three months, heating it in by the fire. She had also heard that the squaws used a decoction of blue cohosh as a tea for the same purpose and she had procured some Fl. Ex. blue cohosh, and had been taking three drops three times a day for some months. Her recovery was very slow. Three stitches were put into the torn perineum, which healed nicely; but the abdomen remained flabby, and the womb of unusual size. The discharges were free, and no after-pains to speak of. The patient was weak and perspired easily, and plenty of nourishing food did not gain strength. After four days began giving her wine ergot—half teaspoonful every two hours until moderate pains were established, then continued ten drops every three hours for two weeks, and succeeded in getting the womb down to better condition, but the patient became impatient to get home, and passed from my care before I was satisfied with her condition.

To return to the child: In washing and dressing, nothing out of the usual order was noticed, but on the following morning the nurse noticed that the child had not urinated freely, and that whenever its bowels moved, or its napkin was changed, it cried as if in severe pain. Upon examination, the child, (a boy,) was found to have a congenital inguinal hernia on both sides, which descended

into the scrotum. The testes had descended, and the prolongation lay in front of each testis. It required some effort to reduce it, and seemed to be very painful. After it was properly reduced, the child urinated more freely, and rested quietly; but when the inguinal hernia was held in place by the hand or a truss, the protrusion came out at the umbilicus. A truss was fitted as well as it could be on so young and so small a child, but after a few hours the intestine would force its way out around the pad, as though the abdominal muscles were too weak to retain it. In fact the openings on each side were so large that they seemed to meet just above the pubic bone. All sorts of appliances which could be thought of were used, but with no effect, and the little fellow died when about a month old.

The child was small and feeble, and although there is not a doubt that it was not born until its proper time, it might have been mistaken for a premature birth, and I believe the cause of the trouble to have been an arrest of foetal development.

The question arises now as to what was the cause of the arrest? The mother and father were both healthy and well formed, and no disease in either family, as far as I can trace, which can account for it. No hernia in the family on either side as far as known. My own positive conviction is, that the use of the medicines before confinement, was the cause of all the troubles attending this birth. I can see no other cause for the relaxed condition of the muscles, and the slow contraction and diminution in size of the uterus. The short period of labor could not have taken the patient's strength and reduced her to the weak condition in which she was for several days. She had before her confinement complained of nothing except a tired feeling, which began soon after she began taking the Fl. Ex. blue cohosh.

This case has strengthened my belief that medicines used to produce an easy delivery are contrary to nature, and do a vast amount of harm, which is not easily overcome.

A CASE OF ACETONÆMIA.

BY D. C. BROCKMAN, M. D., MARENGO, IOWA.

On Oct. 5th, 1885, Mr. and Mrs. P. called upon me with their son, Guy, æt. 7 years, on account of a trouble they had noticed for six weeks or more.

About the 1st of Sept. they noticed that Guy was passing an unusually large quantity of urine; they had not observed any deviation from health until then; but at that time noticed that although he eat very ravenously, he was constantly losing flesh. A physician in a neighboring town had prescribed for him two or three times without telling his parents what the trouble was. At present he is passing about six quarts of water per day.

As the father carried the boy into the office, I was attracted by the livid condition of his hands and face and a distressingly labored breathing. He was breathing, or rather gasping, about seventy-five times a minute. It had the character of the respirations of one who had run as rapidly as possible, until he was "all out of breath."

The surface was very cold; pulse, weak; heart acting quite regularly, but very much labored; was very stupid, but could be roused to answer questions. His condition was a good deal as usual. That morning when he was awakened, he arose and dressed, but soon began to be troubled for breath. He took but little breakfast, and no dinner. They brought him to me about 12 P. M.

I wrapped him up, laid him on the lounge, gave him two teaspoonfuls of whisky, and left him for about ten minutes. I withheld diagnosis from his parents until I had a chance to examine his urine, although I felt certain that his was a case of acetonæmia, or, as the older looks call it, diabetic coma.

Upon returning, I found his breathing more labored; surface, colder and more livid, and his pulse weaker. I moved the lounge up close to the stove and built a hot fire and plied stimulants freely. Soon the surface became warmer; capillary circulation, improved; breathing less rapid, although each respiration was accompanied by a sharp cry that was most distressing. He tossed about over the cot very restlessly. When aroused, he complained of no

pain, but at once relapsed into stupor and incessant jactation. His breath had a sickish sweat odor, indescribable, but never to be forgotten.

Seeing that I was not likely to get a specimen of his urine, I explained to the parents the nature of the trouble, and that it would soon terminate fatally.

As the case was so full of interest, I invited several medical friends to see the patient during the afternoon.

I noticed that the least amount of cold air caused a return of the hard breathing. As the evening was very cold, we were unable to move him from the office. He gradually became more and more comatose, but the restlessness continued after we were unable to arouse him. Toward night I obtained some urine, and found it very heavily loaded with sugar. He died towards morning,—some hours after first showing signs of acetonæmia. I think the exposure to the cold air hastened his death.

Kussmaul, in 1878, was the first to call attention to the pathology of this form of coma, he having observed that the symptoms were the same as those produced by injecting acetone into circulation of a dog. He gave it the name acetonæmia, which has been very generally accepted.

Just at present there is a doubt expressed by some, (I refer to Von Jacksch, of Vienna,) as to the truth of this theory, denying that a reasonable amount of acetone in the circulation will produce coma; adding that in many fevers there is much more acetone in the system than is observed during coma occurring in a diabetic patient. They claim the trouble arises from the formation of a large amount of diacetic acid in the system.

The sad part of it is, that notwithstanding the various theories, we are as unable to combat the symptoms as we were before Kussmaul promulgated his theory. No known treatment will stop the formation of the toxic agent that so rapidly removes so many diabetics, although occasionally after profound toxæmic symptoms patients have been known to rally for a short time.

A CASE OF OBSTRUCTIVE DYSMENORRHŒA TREATED BY GOODELL'S METHOD.

BY L. W. LITTIG, A. M., M. D., DAVENPORT.

A. S., æt 27, domestic, rather delicate, married six years ago, but for past six months living apart from her husband; history as is usual in these cases. Does not remember the time when she passed a single menstrual period without agonizing pain, which preceded and continued more or less during the flow. So severe at times was her torture, that near neighbors were frequently brought to her bed-side by her cries of pain. Marriage only increased her suffering. The patient first came under care of writer about five weeks ago. At that time she was menstruating, suffering intense pain, which was from time to time relieved by a profuse flow. Morphine was given to relieve her agony. A week later she called at office for examination. A "pin hole" os externum. A cervix narrow and conical. A womb slightly anteflexed. A sound was passed as far as the interval os, where it met with firm resistance. As the patient complained of pain and as no doubt was entertained regarding the diagnosis, the examination was discontinued.

Goodell's method of rapid delatation was resolved upon. On Feb. 2nd patient was anæsthetized at her home. A rectal suppository of one grain aqueous extract of opium was introduced into the bowel, she was placed in a slightly modified lithomy position, and Goodell's bivalve speculum introduced. The cervix was grasped firmly with Emmett's double tenaculum, and a small Atlee dilator was introduced. After considerable difficulty the internal os was passed, and the cervix canal dilated as much as possible with this delicate instrument, which was used only to open the way for the strong Ellenger as modified by Goodell. This instrument is made with very strong blades' corrugated so that they do not slip, and which preserve their parallelism even when separated to their greatest width. It is further provided with a strong screw by means of which the blades are approximated with great force. This instrument was introduced, and the blades separated one and one-eighth inches, twenty minutes being devoted to this process.

So severe does this forcible dilatation seem, that a physician, a bright honor to the profession, seeing it, suggested that measures be taken to combat shock, which he feared would follow. Yet so well does the uterus bear this seeming harsh treatment that neither the pulse nor temperature perceptibly varied from the normal. During the thirty-six hours following the operation she had a little uterine colic at times, which was readily relieved by the administration of a little morphine, and the application of moist heat.

The patient was kept in bed for five days, taking what she called a good rest, saying that it was the first "real good lazy time" she had had for years, as she usually worked quite hard.

To keep her in bed so long seemed an unnecessary precaution, as she walked down town on the morning of the sixth day, apparently as well as if nothing had been done. On Feb. 13th she again menstruated, and knew nothing of it until the flow appeared. On the 18th she again came to the office to tell her physician that she had experienced not the slightest pain during her recent sickness, but had worked every day, saying further that she could not tell how happy she was over the result of the operation, as never before had she passed a menstrual period without acute suffering.

A full account of this operation, which Goodell has performed three hundred and fifty times may be found in the *Philadelphia Medical News* of December 12th, 1885. This operation is certainly much more simple and the results far more satisfactory than those obtained by any cutting procedure. Tents are tedious and unsatisfactory at best.

CASE IN PRACTICE—INTUSSUSCEPTION.

BY A. D. BUNDY, M. D., ST. ANSGAR, IOWA.

Carl. Larsen, age four years, a strong, healthy, rugged boy, very active, never sick in his life before. On the morning of January 19th had several loose motions of the bowels, followed by small, frequent and painful passages, consisting of bloody mucus. I saw him about 11 A. M., he had some pain at intervals. I did not see what had previously passed the bowels, consequently, thinking it a trouble caused by scybola, I gave him some castor oil mixed in

glycerine, with a few drops of pæregoric. In an hour or so his father reported that he could not retain it on the stomach. I sent him two powders—three grain each—of calomel and bismuth, with directions, and agreed to call in the evening. I did, when I found that all medicine had been rejected, with some milk that he had taken. I now gave him a thorough examination. I found a sense of resistance, and could outline a tumor, somewhat sausage-shaped, in the right side abdomen, over region of descending colon, near the sigmoid flexure. I gave him an enema of warm water, he could hold only about six ounces, it came away at once, and with it quite a quantity of bloody, jelly-like mucus. I now diagnosed intussusception of some portion of the colon. I put him on morphia q. s. to relieve pain and make him drowsy, not having a rectal tube. I succeeded in procuring a stomach tube twenty inches long, and on the evening of the twentieth, introduced it probably ten inches into the bowel and injected warm water, which came away at once followed by a quantity of bloody mucus.

On the 21st Dr. Cobb, of Mona, saw the patient with me, the tumor in abdomen was now plainly felt and had increased in size, the abdomen quite tympanitic but not much tender; pulse, quick, sharp and wiry. He was vomiting occasionally. We placed him in knee chest position and I introduced tube the entire length, and we injected first air, and there passed at least a quart of bloody mucus, then quite a quantity of water, followed by more blood, mucus, etc. Boy said he felt much easier, and the tumor could not be felt and we hoped we were successful. In the morning of the 22d I found he had slept well all night, no tumor could be felt, pulse was open and soft. I placed him in same position and introduced tube whole length, and carefully injected three pints of warm water, which was passed clear until the last, which was thin fecal matter, patient now steadily improved, no medicine given until the 23d, when finding him free from pain and only slight soreness, ordered small doses castor oil and glycerine as a laxative. Thus terminated the case—the first I ever met in twenty years continuous practice.

I believe the introduction of the tube and inflation of the intestines with air was the means of his relief. The generally fatal

character of the disease as well as its rarity, has influenced me to report it minutely to the profession.

The patient was the most tractable one, large or small, I ever handled, and never failed us in his efforts at co-operation. This, no doubt, with the efficient counsel and assistance of Dr. W. L. Cobb, led materially to a favorable result.

MEDICO-LEGAL.

CORONERS.

BY A. D. BUNDY, M. D., ST. ANSGAR, IOWA.

The Field for Medico-Legal Work.—One of the first things I shall attempt as a beginner in this new department in Iowa, is a war of extermination on the coroner.

In 1883, in No. XII, *Boston Medical and Surgical Journal*, in an editorial article, occurs the following, under the heading "The Coroner Must Go:" There are many indications that the race of coroners in this country is destined to be exterminated. The process of eradication may be slow in some regions, but the signs are clear that it is certainly in progress. The antiquated jury method of investigating violent deaths is suffering from a senile gangrene which renders it highly offensive. Ever since legislative action in Massachusetts, in 1877, initiated rational treatment and pointed the way to an improvement in the department of the public service, the American coroner's fate has been sealed. The Medical Examiner system which has been in successful operation for six years in this State, is no longer on trial as an experiment. It is sufficiently recognized here as one of the most fortunate reforms which the commonwealth ever accomplished. It has been watched with keen interest by those who originated it, by those later in sympathy with it, and by those who thought they had little reason to bestow their favor upon it; and it is truly remarkable that scarcely a word of adverse criticism has been elicited in all the six years of its existence. It has been found to fulfill its mission quietly, effectively and economically."

The States of Rhode Island, Connecticut and New York have already formulated bills for the desired change, and possibly some have the law by this time. A number of other States are looking into the question, and no doubt, laws in more states will be passed, abolishing the coroner system. In Massachusetts the medical profession were among the most forward and zealous in urging forward the reformed methods of managing inquests. I have no doubt that if the medical profession in Iowa will raise their voices in favor of this reform that our legislators will not refuse their aid.

If we ever expect to maintain a Medico-Legal Society and waken an interest in forensic medicine, we must have the medical examiner in place of the coroner and jury. Since the reform in Massachusetts the reports of the medical examiners have accumulated quite a literature, voluminous and exceedingly useful. I have indexed in my ledger probably two hundred of interesting medico-legal reports and other items which would have never existed had it not been for the abolishment of the coroner and the advent of the medical examiner. Let it be made a topic for special discussion at our next State Society meeting.

CLINICAL REPORT.

FROM RECORD SURGICAL CLINICS AT THE MEDICAL DEPARTMENT, STATE UNIVERSITY, IOWA.

I present to you a remarkably interesting case: It is that of J. A. Cooper, æt. 54, born in Vermont, P. O. Jewell, Hamilton County, Iowa. Married, not able to work.

Was never very strong. Twelve years ago while driving to town his team ran away, throwing him forward over the dash-board. The wheel or a king bolt struck him on top of his head. He was helped to a neighbor's, fainting once on the way. The neighbors noticed that he acted differently than they had been accustomed to see. He complained of a headache, and was put to bed. Shortly afterwards he was heard to make a sort of gurgling noise, but when his friends arrived he had stopped doing so. The same day he had an epileptic seizure, and knew nothing till next morn-

ing. During the convulsions he had to be held. He has had these convulsions from time to time ever since. Frequently he has spells when he is stupid, dazed, unable to see distinctly, or to converse, and it is necessary to keep him under observation continually. These spells may last three to four hours, or even longer. He is losing his memory—cannot recall the words he wants to use, (aphasia,) or uses the wrong words, and forgets what he wants to say. He has slight facial paralysis, also paralysis of right arm and leg. This came on gradually, commencing four or five years after injury.

We have thus furnished us an evidence of irritation and pressure on brain centres. He has had continuous pain in head from time of injury to present time. Physiology teaches us that pressure along the fissure of Rolando would give all the symptoms complained of. The patient localizes his pain where we should expect to find it—on the head, left of the sagittal suture, along the fissure of Rolando. The pain is of a burning, throbbing character, and radiates down over head and into neck. There is no observable lesion or cicatrice in scalp, nor any depression of the skull. At any event at the time of the accident an immediate irritation to brain was produced to which the brain has been trying to accommodate itself.

This case is not one for a light opinion. Would we be justified in trephining his skull? If we trephine we do so hoping to remove any pressure which may possibly be exerting itself on the brain. In order to do this we may have to remove two or three disks of bone.

The operation is a hazardous one, and is experimental. The patient considers that the condition that he is in, the misery and pain which he constantly suffers, is such that he wishes the operation performed, assuming the risk of the danger in the hope of relief from his sufferings. He considers life as having little value for one in his present condition.

The symptoms patient complains of may be caused by blood exerting pressure in the fissure of Rolando, but this is not likely, as an effusion of blood would have been absorbed long ago. Then it may be caused by pressure of fragments of bone from internal table

of skull, and finally there may be a lesion of brain substance itself the repair of which *resulting in a cicatrix*.

In this operation we have trephined in three contiguous places, the intervening bone having been removed, leaving a triangular opening. The dura mater was firmly adherent to the bone, also very tense, as if there was pressure within, but I will not presume to say whether this condition has any connection with his troubles. The operation will afford opportunity for relief from pressure.

Dressing of old muslin and iodoform sprinkled over wound. The wound will close by granulations from bottom.

Miss X., æt. 23, born in New York, P. O. address Stuart, Iowa.

Trouble first came on four and one-half years ago, caused by accident. She slipped while going up stairs and sprained her ankle. It seemed to recover under the usual treatment for a sprain, but only for a short time, and then grew worse, and became weak, giving her considerable pain. She has been unable to walk, having been compelled to use crutches ever since the accident. On examination there is no swelling, no inflammation, can move foot, but not when bearing any weight upon it, foot is turned a little outward. Painful to pressure over inner malleolus, tendon of tibialis posticus found to have slipped from its groove behind inner malleolus, and has contracted.

Tenotomy was advised and patient submitted to it.

At the end of a week the patient was able to walk a little,—the first time in four and one-half years,—the effort giving her no pain, nor did forcible flexion and extension of foot give her any pain. She is now able to be about at home, and her complete recovery of the use of her foot is assured.

Miss Y., æt. 16, born in Iowa, P. O. Guthrie, Stuart Co., Iowa.

Six months ago sprained her ankle, and after treatment recovered. Fourteen weeks ago sprained it again while running and has not been able to walk without crutches since. She suffers from aching pain all the time. Flexion gives her much pain, the pain being behind outer malleolus of left foot.

Laceration of the peroneal tendons and the following inflammation has resulted in a contraction of the tendon. Divided the ten-

don with a tenotomy, and sent to hospital with instructions to keep foot perfectly quiet.

At the end of a week the improvement was very marked. She could stand on the foot, bearing her weight upon it without pain, and could also take a few steps at a time.

CORRESPONDENCE.

LETTER FROM ROME.

BY W. L. ALLEN, M. D.

ROME, Feb. 16, 1886.

There is not a great deal in Rome to interest the busy practitioner who desires such information as could justly be jotted down in the memory as new therapeutics or scientific points, but in an historical way there is much to interest all. That the Romans were strong believers in prophylaxis is evident from the ruins of their wonderful aqueducts, sewers and baths. The oldest aqueduct was built by Appius Claudius, 311 B. C. It was subterranean, and brought pure water into the city from springs some six miles distant.

The later aqueducts were much longer, often elevated on beautiful arches, many of which remain to this day, the admiration of artists and tourists.

The oldest and largest sewer was built in 606 B. C., for the purpose of draining the Forum. The sewer, well-known as the Cloaca Maxima, is twelve feet high, from ten to thirteen feet wide, and made of massive blocks of stone which were put together without cement. It was subsequently the outlet of an extensive system of sewers, and is still in use and in a perfect state of preservation. I may add, however, that this drain is so low now that the Tiber often backs up and floods certain parts of the city, this the city authorities are about to remedy, and have already begun a new outlet which shall tunnel under one of the hills, south of the city, and discharge its contents nearly four miles south.

It would scarcely be correct to say that the old Roman baths were of therapeutic value. I know of nothing at the present day

so recklessly extravagant as these baths must have been, and history tells us they should more properly be considered as palaces for pleasures and dissipations. Many of the ruins show that the dwellings of the wealthy at least were supplied with water and drains and heated by means of hot air, conveyed in terra cotta pipes between the walls.

There are at present about sixteen hospitals in Rome, capable of accommodating four thousand patients, a foundling asylum, where about two thousand infants are received each year, and an insane asylum, accommodating six hundred. Most of these institutions are liberally endowed either by the government or by private individuals.

It is said that the Prince of Torlonia, who died last week, gave two hundred thousand dollars annually for charitable purposes, and that he built and supported the eye and ear hospital here.

One of the most interesting hospitals here is situated on a very small island in the Tiber, near the site of an ancient temple of Æsculapius. It contains one hundred beds, is under the sole control of a band of some thirty Brothers of Charity, several of whom are German and Swiss, and it is one of the best kept hospitals in Rome. I cannot admire the situation, except for the history of the island, which is somewhat as follows: At the time of the plague, in 293 B. C., in accordance with the oracles of the Sibyls, ambassadors were sent to Epidaurus to bring the statue of Æsculapius to Rome; as they returned with the same, a snake—a reptile sacred to the gods—left the ship and swam to this small island; whereupon the Romans erected on the spot three temples to Æsculapius and other gods, and walled the island with stone in the shape of a ship. A considerable part of this old ship-like wall remains, together with a part of a statue of Æsculapius and the snake, which is easily distinguished carved in the wall near the bow of the ship.

The largest hospital is the San Spirito, (six hundred beds,) situated on the bank of the Tiber. It is a long awkward building, erected several centuries ago by one of the popes. The wards are large and airy, with wooden ceilings some forty feet high, and the walls covered with the inevitable frescoes. It is said that a great

improvement has taken place since the Papal Government retired, and since Sisters have been allowed the care of the wards; nevertheless there could be a far greater improvement as regards cleanliness. To the Italian carbolic acid is intolerable.

The foundling asylum is, so far as I could see, a very well kept institution; the few wards are clean, and open on a balcony which surrounds a charming little court filled with orange and lemon trees. Six or seven infants are received daily, but are sent to nurses in the country as soon as possible, consequently there are seldom more than sixty in the wards at the same time.

Intermittent and remittent fevers are the most common diseases found in the hospitals, as the uncultivated and almost barren plateau which surrounds Rome is most productive of malaria. All of this unhealthy country was drained and cultivated by the ancient Romans, and the present government has now under consideration plans for doing the same good work.

The eucalyptus trees are planted in great numbers about all the small railroad stations in the neighborhood of Rome, but several Italians have assured me that the best authorities believe them to be of no benefit whatever. The cold weather of last December and January has apparently killed many of them.

The city is rapidly increasing in population, and is improving in many ways. It has never been considered a safe resort for invalids, partly on account of the comparatively poor accommodations and the inadequate means of heating the hotels. If the hotels were as well arranged as those in other countries, or as those along the Riviera, so that invalids could obtain the full benefit of the sun, there would be little danger here in the season. The average temperature in the winter is 48° Fahrenheit, in the fall and spring about 62° Fahrenheit, but in the sun it was delightfully warm and pleasant, and the absence of cold winds is a most agreeable feature of the climate. There are four American physicians practicing in Rome and Florence, and probably twice that number of English, and all seem to be doing a lucrative business. There is, it is said, a fine opening for another American physician in Rome.

SOCIETY REPORTS.

JASPER COUNTY MEDICAL SOCIETY.

NEWTON, IOWA, Jan. 20, 1886.

Society called to order by the president.

Minutes of last meeting read, approved, and ordered sent to the IOWA STATE MEDICAL REPORTER, with to-day's resolution: "*Resolved*, That the Jasper County Medical Society approve the course pursued by the State Medical Society to urge legislation to regulate the practice of medicine, surgery and obstetrics in the State of Iowa."

Owing to small attendance a motion for an adjourned meeting at Newton, February 17, 1886, was offered and carried.

Dr. Gorrell made a verbal report of a case. Several clinical cases cases present were presented, after which we adjourned.

L. C. S. TURNER,
Secretary.

I. H. MOORE,
President.

MINUTES OF PREVIOUS MEETING.

COLFAX, IOWA, Oct. 21, 1885.

Society met in parlors of Hotel Ryan.

The president and secretary being absent at the opening of the meeting, Dr. I. H. Moore was elected president and Dr. L. C. S. Turner secretary *pro tem*.

Members present: Drs. Perry Engle; B. M. Taylor, J. R. Gorrell, J. T. Robbins, Newton; I. H. Moore, G. P. Clark, Prairie City; W. W. Hawk, Mingo; S. F. Miller, J. F. Ryan, W. R. Trotter, Mrs. A. B. S. Turner and L. C. S. Turner, Colfax.

Visiting physicians: Drs. Simonton, Mitchellville; Allen, Pella; May Lyon, Metz; Dilly & DeVore, Colfax.

Officers elected for the ensuing year: Drs. Moore, president; Robbins, vice president, and Turner, secretary and treasurer.

Dr. Hawk read a report of a case of successful tracheotomy, for removal of a grain of corn.

Dr. Simonton questioned the efficacy of tracheotomy in diphtheria, but urged it in pseudo-membranous croup. He remarked,

parents were slow to understand why we cut a child's throat to save its life.

The case brought out a discussion of anæsthetics generally.

Dr. Simonton prefers ether, with a previous hypodermic of morphia. It acts as a stimulant to the heart. Thinks the time near when a physician will be held responsible for the administration of chloroform.

Dr. Robbins partial to ether, except there be an existing kidney trouble.

Dr. Gorrell uses ether.

Drs. Hawk and Engle, chloroform.

Dr. Miller prefers a mixture of the two.

Dr. Turner gave the formula of the anæsthetic used at the College of Physicians and Surgeons, Keokuk: Alcohol, 1 part; chloroform, 3 parts; ether, 3 parts. Has noted good results from ether until the system begins to succumb, then conclude with chloroform, having previously administered morphia in whisky.

Retiring president, Dr. Engle, read a valedictory.

Dr. Moore read a paper on heart starvation, which created a spirited discussion on the origin of blood corpuscles, Dr. Gorrell asserting that lymph corpuscles were formed in the meseuteric vessels, and on their way up the thoracic duct to the receptaculum chyli they gave way to the formation of the red and white blood corpuscles.

Dr. Simonton took issue with him at once. Thinks the liver a more active blood-making organ than the meseuteric vessels.

Dr. Gorrell gave a verbal report of a case of peritonitis. Autopsy revealed obstruction of bowel.

Dr. Taylor thought local inflammation existed, as vermiform appendi was lapped around and adherent to the ilium, near the ileo-æcal valve, causing complete collapse of the ilium below. Knowing no other use for the vermiform appendix, the doctor thought it useful in killing people.

The peculiarity in this case and a similar one reported by Dr. Robbins was the location of the pain by the patient in the left epigastric region.

The propriety of an operation was discussed, as the pain was no guide to the seat of lesion.

Dr. Simonton would operate if diagnosis was clear.

Dr. Turner presented two clinical cases, one double ovarian tumor with ascetes and an enlarged finger, from serious effusion in capsule of tendon. Ovariectomy not advised, but efforts to reduce ascetes and sustain the patient continued. Treatment in latter case, by pressure and iodine injections, endorsed. Surgical interference probably necessary.

On motion Society adjourned till banquet.

8:30 P. M.—A sumptuous repast was ordered, after which, and while seated at the table, the following toasts were responded to:

Address of Welcome	Dr. Miller.
Shall We Have a Medical Law?	Dr. Taylor.
The True Physician	Dr. Moore.
Our Medical Colleges	Dr. Simonton.
The Profession in Iowa	Dr. Engle.
Cheerfulness a Qualification of a Physician	Dr. Turner.
The Physician's Relation to the Public	Dr. Mrs. Turner.
What I Know About Medicine	Ralph Robinson.

Dr. Engle offered a resolution of sympathy to Dr. H. E. Hunter in his affliction—a fractured tibia—and one tendering the thanks of the society to Dr. and Mrs. Ryan for their generous hospitalities and courteous entertainment of the Jasper County Medical Society. Thence retired to the parlors to conclude the evening's entertainment socially.

L. C. S. TURNER,
Secretary.

I. H. MOORE,
President.

MUSCATINE MEDICAL SOCIETY.

MUSCATINE, Jan. 7, 1886.

The Society of Physicians and Surgeons was called to order by President F. H. Little, at the office of Dr. A. Ady.

Members present were: Drs. Cal. M. Smith, S. Merrill, S. M. Cobb, G. D. Lazott, F. H. Little, C. E. Ruth, A. A. Cooling, Thos. Sherwood, M. W. Miller, A. Ady and A. R. Leith.

A. A. Cooling read a paper on "Membranous Croup," and on motion, the same was received and discussion opened by Dr. A. Ady.

Dr. H. Schumacher being unable to attend, sent a paper on "Cutaneous Diseases," which was read by the President. On motion, the paper was received and discussion postponed until next meeting.

Dr. C. E. Ruth read a paper explaining his improvement of the obstetrical forceps, and exhibited the same. On motion, the Secretary was instructed to send the paper to THE IOWA STATE MEDICAL REPORTER with cut of instrument.

The Society adjourned to meet in Milton the first Thursday in April.

A. R. LEITH, *Secretary*.

IOWA CENTRAL MEDICAL ASSOCIATION.

MARSHALLTOWN, IOWA, January 12, 1886.

The Iowa Central Medical Association met at Dr. Ward's office. Dr. Ward, the President, in the chair.

Drs. Lang, Williams, McGrath, Getz, Campbell and Reiterman present.

Minutes of last meeting read and approved.

Dr. Ward presented a number of cases of fracture involving the elbow joint, detailing his method of treatment, an important element of which was *early resort* to preserve motion. A peculiar symptom common to many cases was more or less loss of motion of thumb and first and second fingers, probably caused by nerve lesion. The results shown in the cases were good.

Dr. Lang reported a number of cases of dislocation of shoulder joint, on which reduction was easily accomplished by manipulation, usually aided by an anæsthetic.

The election of officers resulted in the choice of Drs. Jno. McGrath, President; Dr. Lang, Vice President; Dr. Reiterman, Secretary and Treasurer, and Drs. Campbell, Getz and Ward, Censors.

Dr. Getz presented the name of Dr. F. H. Boucher for member-

ship, and the Censors reporting favorably, he was unanimously elected.

Dr. McGrath then took the chair, expressing briefly his appreciation of the honor conferred upon him by the Association.

Dr. Getz reported his action in the matter of medical legislation, stating that he had consulted the Senators and Representatives of the District, and that all, or nearly all, had expressed their approval of the proposed "bill."

A vote of thanks was tendered Dr. Getz for the efficient manner in which he had discharged his duty.

Dr. Ward then read an interesting paper, reviewing the recent advances of surgery, for which he was tendered a vote of thanks.

Drs. McGrath, Williams and Campbell were appointed delegates to the State Medical Society, and Drs. Ward and Lang to the American Medical Association.

Drs. Lang, Campbell and Boucher were appointed to read papers at next meeting.

On motion adjourned.

C. REITERMAN,
Secretary.

JNO. MCGRATH,
President.

COUNCIL BLUFFS MEDICAL SOCIETY.

COUNCIL BLUFFS, IOWA, January 13, 1886.

The Society met in Dr. Macrae's office, with Dr. Pinney in the chair.

Members present, Drs. Macrae, Cleaver, Seybert, Pinney and White.

Dr. Pinney called up his amendment to Article VI, of the By-Laws proposed at the last meeting, and moved its adoption. Carried.

The amendment provides that the discussion of papers shall immediately follow their reading.

Dr. White addressed the Society for a short time, calling attention to the abuses of the privileges of the Society, and proposed

a reorganization, and moved its reference to a committee of three, of which the President, Dr. Lacy, shall be chairman. Carried.

Committee: Lacy, Cleaver and White.

The Secretary was instructed to notify delinquent essayists that the penalties for non-performance of duty would be inflicted at the next meeting.

The nature and causes of pneumonia was generally discussed by the members present, the majority opposing the theory that the disease is an essential fever.

Adjourned to meet January 27th.

January 27, 1886.

The society called to order with the President, Dr. Lacy, in the chair.

Members present: Drs. Pinney, Macrae, Barston, Seybert, Green, Deetkin, Cleaver, Lacy, White and Dr. Guernsey, of Van Buren county, a former member of the Society.

Minutes of previous meeting read, corrected and approved.

The committee on reorganization reported in favor of the adoption of an entirely new constitution and by-laws, which should provide for the prevention of the abuses of the privileges of the Society, for the establishment of a library and free dispensary at the pleasure of the Society.

Report received and tabled for further consideration, and was immediately followed by a motion by Dr. Green for a committee of three to revise the constitution and by-laws. Carried.

Dr. Cleaver reported his two children as being very sick from what he supposed to be arsenical poisoning, from the exhalation from damp wall paper, and invited the members to visit his children, which invitation was accepted.

Dr. Deetkin then read a paper on the "Duration of Life." The paper, while interesting, was somewhat obtruse, and rather outside of the domain of practical medicine. As a consequence the discussion did not become general.

Dr. Barston then read a paper on "Cervical Endo Metritis," with cases. The paper was very practical and well received by the Society. The discussion was somewhat brief, but general.

Dr. Green continued as essayist and Dr. Macrae added as additional essayist.

Adjourned to meet February 10, 1886.

J. F. WHITE, *Secretary*.

POLK COUNTY MEDICAL SOCIETY.

REGULAR MEETING, DES MOINES, February 2, 1886.

Dr. Nyswander was elected President *pro tem*.

Present: Drs. Priestley, Colvin, Schooler, McKee, Cokenower, Currie, Finlayson, Stuart and Nyswander.

Drs. Moore and Hinshaw were invited to take part in the proceedings of the evening.

The application for membership of Dr. C. T. Clark was received and referred to the Board of Censors.

The committee on revision of the bill then reported, through their chairman, Dr. Priestley. Each item was taken up separately, and with a few minor amendments, adopted as read. It was then ordered to be printed.

Section I, Theory and Practice, then reported. All the members were present and prepared to report.

Dr. Finlayson read a paper on "the duties of members of the profession to themselves, and the profession in general, their relations to the druggists, and to other schools of medicine. The paper was very interesting and instructive.

Dr. McKee read a paper on "Digestion," which elicited a lively discussion.

Dr. Stuart reported an interesting case.

Dr. Currie read a paper containing the report of three cases of a peculiar affection of the heart. The prominent symptoms were an extremely slow action of the heart and occasional attacks of syncope. All the cases were males, advanced in life. The pulse rate varied from 11 to 35 beats per minute. No abnormal sounds could be detected and autopsies in two of the cases revealed macroscopical lesions.

Dr. Schooler was elected chairman of Section II, Surgery; associates, Drs. Priestley, Simonton and Hanawalt. To report March 2, 1886.

J. W. COKENOWER, *Recording Secretary*.

EDITORIAL.

PROFESSIONAL INTERESTS IN THE CONTROL OF THE SALE AND MANUFACTURE OF INTOXI- CATING LIQUORS.

With reluctance and with some doubts as to the advisability and the ultimate good to be derived, THE REPORTER feels called upon to take a limited stand upon the all-absorbing topic—the control of the manufacture and sale of intoxicating liquors—if it remains true to its policy of always advocating professional interests.

The readers of THE REPORTER, representing advocates of all the different views upon this question, should clearly understand that its position relates *only* to that part of the question which affects directly professional interests, limited to the practice of medicine, surgery and obstetrics.

The medical profession as a body, (there are a few individual exceptions,) believes, holds and practices, *that alcoholic stimulants are valuable remedies, and that, properly administered, they are often essential to the preservation of life*; it also believes, holds and practices that such alcoholic stimulants should be pure, of the best quality, and by aging and curing, freed from the essential oils and acids that are distilled with, and mixed with alcoholic stimulants in their distillation. Any measures that prohibit, or so obstruct as to prohibit the patient or the physician for the patient from obtaining alcoholic stimulants, pure and of the best quality, interests the profession, and they should protest against it.

The most ardent prohibitionists do not wish to prevent the use of alcoholic stimulants for such purposes, but in their effort to suppress its use, as a beverage, they have been led to adopt measures that obstruct its legitimate use; recognizing this they are disposed to relieve such obstruction, provided they can do so without removing the obstruction against its use as a beverage.

In view of this disposition, the druggists, through a bill prepared

by the commissioners of pharmacy, adopted unanimously by them in state convention, ask the legislature to so *amend* the prohibitory law as to give them the "*sole right*" to sell alcoholic stimulants "*under such regulations as have been, or may be, established from time to time by the Commissioners of Pharmacy.*" The requirements or qualifications are simple. The druggist must be a registered pharmacist, and then the "*county Auditors shall at any time upon written application therefor issue to any pharmacist within their respective county,*" a permit.

The reasons, given in open session of their late convention, were that they did not like to be classed as dealers in alcoholic liquors, (why not, if they have the benefit and do deal in them?) and that it is "*degrading*" for them to take out permits and obtain the signatures of a majority of the voters, etc.

A law may be unjust or oppressive, but if constitutional, it is never degrading to obey it however disagreeable it may be. A majority of the druggists who have been selected as being specially fitted to hold permits, have been and are, innocently or by intent, daily violating the spirit of the prohibitory law.

At this stage the reader may think I have wandered, but let me state my reasons for being so plain, and he will agree with me that it is necessary to be plain. If the passage or defeat of the pharmacy bill in its present form, so far as the sale of intoxicating liquors is concerned, ended the question, THE REPORTER would not have spent a line upon it, as its extreme audacity in the face of public sentiment on the prohibitory law would doom it to a certain defeat. But with the existing sentiment some effort will be made to relieve the obstructions about the legitimate use of intoxicating liquors, and some law will probably be passed, if a practical plan can be devised that will not weaken the cause of prohibition. Such being the fact, couple it with the one that the profession are interested to have *pure* alcoholic stimulants, and add to these, that the druggists are attempting to obtain *absolute control*, subject to the *exclusive dictation* of three men, the commissioners of pharmacy.

The question arises, can we trust, not a few irreproachable druggists, but the druggists as a body, to furnish pure, and the best quality of alcoholic liquors, and at such reasonable prices as are consistent with competitive prices where there is free competition? After this has been disposed of there comes the still graver question, are the commissioners of pharmacy the proper men to have the *absolute control* of the liquor traffic, can they be entrusted to pass and *enforce* such "*regulations*" as will meet our wants, and has their record been such as to justify such confidence?

In answer to the first, it is a known fact to the laity and to the medical profession that the druggists, as a class, sell and dispense a very impure quality of alcoholic liquors, compounded by expert mixers, whose skill consists in their ability to counterfeit by using the best quality of pure, and the greatest quantity of "raw" distilled spirits and deleterious compounds possible, and make a salable mixture, except where there is active competition, and then a few of the leading ones keep a fair quality.

A few of the leading druggists have permits, many of them daily violate the spirit of the law, innocently, or for the profit there is in it. Therefore, in the face of the above facts, why should we expect, if they have a monopoly of the liquor traffic, that their love for profit will cease, and that they will furnish a good quality of liquors, when they can get the same prices for inferior qualities that costs them much less, especially when the jobber represents his goods as being a good quality?

In answer to the second question, examine the pharmacy commissioner's bill, (commissioner's, because it was formulated by them and only passively accepted by a few of the druggists in convention, without discussion or even a fair examination,) in it they ask, not only for a right—but that no one else shall have one, not to sell under the laws, subject to the regulations of all who now sell, but to make their own "*regulations.*" In other words, instead of asking for a privilege, they ask for a monopoly, and for unlimited power to exercise it.

In the face of all that has thus far been presented, although the REPORTER did not approve, it would have refrained from interfering, because it believes that the great body of the druggists of Iowa are not urging, or are innocently urging, such extreme measures, and because it is anxious for the druggists to obtain such reasonable privileges as will permit them to use and sell alcoholic stimulants for medicinal purposes—and because it believes that the competition in the larger towns and between the larger and smaller towns, even in the face of monopoly and uniform price, would always place at the disposal of the physician and his patient a reasonably pure, or at least a fair quality of alcoholic stimulants.

The scale has been turned, and the straw that did it is an innocent looking bill, “by Committee,” for an act relating to sales of intoxicating liquors, etc.

This bill contains five sections, the first, second and fourth are as follows:

A BILL.

SECTION 1. It is hereby made unlawful for any person, persons, company, or corporation, having authority under the laws of this State, to buy and sell intoxicating liquors, by permit or otherwise, to sell intoxicating liquors, directly or indirectly, or to solicit, take or accept any orders for the sale thereof, either by himself, his clerk, servant, agent or employee, outside of the county in which said sale is authorized under said authority or under such permit.

SEC. 2. The soliciting, taking or accepting of any order for the purchase or sale of intoxicating liquors, where such order, if filled, is to be filled in, or said liquor, if forwarded, is to be forwarded from another county than that in which said order is solicited, taken or accepted, is hereby made and declared to be a sale of intoxicating liquors within the meaning of the statutes of this State relating to the sale of intoxicating liquors, and such soliciting, taking, or accepting of any order as aforesaid, is hereby made and declared to be unlawful.

SEC. 4. Courts and jurors shall construe this act so as to pre-

vent evasion, and so as to cover all sales or orders as aforesaid, whether the consideration therefor be money, property, labor, services rendered or to be rendered, or other valuable thing. But it is expressly provided that the provisions of this act shall not apply to purchasers by, or sales of persons holding permits, or authorized to buy and sell intoxicants under the laws of this State, when the same are made in accordance with said permit or authority.

Section 3 relates to penalties and section 5 is the publication clause.

For convenience of making comparison, I produce section 8 of the Commissioners of Pharmacy bill. The words in italics are the ones to which the reader's attention is called.

SEC. 8. Pharmacists whose certificates of registration are in full force and effect, *shall have the sole right to keep and to sell under such regulations as have been or may be established from time to time by the Commissioner of Pharmacy, all medicines and poisons including intoxicating liquors only for the actual necessities of medicines; provided,* that nothing herein contained shall be so construed as to shield the person who in any way abuses this trust, for the legitimate and actual necessities of medicine only, from the utmost rigors of the law, now or hereafter in force, relating to the sale of intoxicating liquors, and in addition thereto, for repeated violations, his name shall be stricken from the register by the Commissioner of Pharmacy upon receipt of transcript of final conviction, which shall be transmitted by the court or by order of the court before whom conviction is had. Twenty-five per cent of all moneys recovered as fines under the provisions of this act shall be paid into the State Treasury, and reported to the State Auditor, and held subject to the orders of the Commissioners of Pharmacy as needed, to be by them used solely to defray the expenses of prosecutions and enforcement under the act or acts to which this is amendatory. *County Auditors shall at any time, upon written application therefor, issue to any pharmacist, within their respective county, whose certificate of registration is in full force and effect, a permit to receive intoxicating liquors, and the presentation of said permit to company, express company or common carrier within the borders, or traversing the territory of the State, shall convey full authority*

to receive, transport and deliver intoxicating liquors to the person named in such permit; *provided*, that such permit shall be for specified packages and kinds of liquors, and a certified copy of such permit shall be kept on file in the office of the auditor issuing the same. The Commissioner of Pharmacy shall, on the revocation or forfeiture of any certificate of registration, subsequent to their last biennial report or abstract of the State pharmacy register, report such revocation or forfeiture to the county auditor of the county wherein such certificate was last in force; *provided* that any and all pharmacists shall be subject to all laws now in force, or hereafter enacted to regulate the granting of permits to registered pharmacists for the sale of intoxicating liquors, and to all regulations, conditions or restrictions that are now, or hereafter may be, imposed upon the holders of such permits.

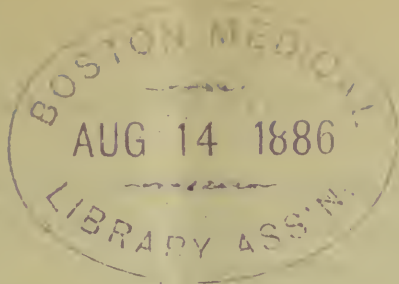
After carefully comparing these several sections, the question arises, what is the origin of the committee bill? The writer has investigated, and the following is the sum total of his results: It is neither from the House nor Senate Committee on Medicine, Surgery and Pharmacy. Its origin may be as innocent as its appearance when unassociated with the Commissioners' bill (and if so my further remarks are intended to relate only to the bill as associated with the Commissioners, and not with its author). The bill is being circulated, at least to a limited extent, by one who is very friendly and has kindred ties to the Commissioners. The writer respects him and *does* and *will* believe his motives are good until proven to be otherwise. The bill provides for selling "otherwise" than by permit, thus anticipating a change. (A lawyer might call this circumstantial evidence.) This bill may have come from the Committee on Suppression of Intemperance, wholly independent of any other. It is fair to suppose that it came from them or from the committee looking after pharmacy legislation, as it came from neither the House nor Senate Committee on Medicine, Surgery and Pharmacy. Should the "Committee" bill become a law, it will destroy competition by confining the sale to a single county. This is not all, nor even the worst, the druggists will be compelled to buy all their intoxicating liquors from regis-

tered pharmacists, because they "shall have the sole right" to sell. This seriously affects the physician and his patient, because the manufacturers of, and dealers in the best quality of liquors do not live in the State and are not registered pharmacists.

The pharmacy bill comes from the Commissioners of Pharmacy, supplemented by the assistance of those who with them constitute their "Committee on Legislation."

While I do not pretend to say who, or what committee, is father of the "committee bill," and while I do not pretend to say that the Committee on Pharmacy Legislation are not wholly innocent and wholly ignorant of this bill, I do say that I have definite and positive proof that an interested friend, "a member," has been circulating the bill, and I do say that under the circumstances, if they have not seen the bill they have been very careless in regard to their own interests, and that they have failed to learn that this bill in connection with their own bill will work the grossest injustice to the medical profession and to the druggists, and that they, who are wholesale pharmacists, will have a monopoly on the wholesale liquor trade, and in two years they will make their fortunes. Such carelessness on so grave a matter destroys confidence and should disqualify anyone from having the power to make "regulations." Every physician who is also a pharmacist, every registered pharmacist, and every druggist, should examine this carelessness, as it will greatly prejudice their interests. Every physician should oppose the pharmacy and committee bills in their present forms. Finally, we believe in answer to our questions, that neither the druggists nor the Commissioners of Pharmacy should have the exclusive control of alcoholic stimulants, and if the Legislature should so decide, we trust they will make provisions for *pure* liquors and at reasonable prices, consistent with free competition.

[AN EXPLANATION.—This, and the succeeding number, has been in type for several weeks. Our paper, a tint and quality not in general use, has been manufactured at St. Louis. Our order, sent on time, was already far behind when the strike at St. Louis commenced. The paper was ordered again, from the East, by telegram. It had to be made. It was shipped on the earliest date possible. The succeeding number will follow this immediately.—ED.]



The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

VOL. III.

DES MOINES, IOWA, FEBRUARY, 1886.

No. 6.

ORIGINAL ARTICLES.

TREATMENT OF TYPHOID FEVER.

BY J. W. SMITH, M. D., CHARLES CITY, IOWA.

There is quite a difference of opinion as to the treatment of typhoid or enteric fever. There are many reasons for this. The type differs with individuals, seasons and localities. Treatment should vary accordingly. Since the self-limiting character of the disease is better understood, there is less empiricism in the treatment. It cannot be "broken up" by a few doses and day's time, as we were wont to hear and still do in some places. A careful study of a sufficient number of typical cases will take that conceit out of intelligent physicians and laymen

The diagnosis is not always easy at first, but is soon reasonably plain in most cases. Until that is settled, it is safest to feel the way carefully, to watch the varying symptoms and treat those as they appear. That is practically to adopt the "expectorant" treatment, and which is still advised by some high in authority. With proper hygienic surroundings and nourishment its results in the past were better than from too much drug and stimulant treatment. But as the disease is better understood, the highest authorities prefer in many cases to combine some other or more positive treatment with the purely expectant.

The temperature, pulse, respiration, digestion, secretion, excretion and mental state, all require careful attention. In this way only can we arrive at a safe prognosis.

The temperature is a very important factor and needs the clinical thermometer. It can be modified or lowered by drugs, but the safest by a cool bed, cool air and the application of water. In some of the so-called typho-malarial cases, convalescence at least is greatly hastened by a pretty free use of quinine, but tepid sponging, daily or several times a day, a cool sitz bath with sponging and showering the head, are methods within reach in most dwellings, and will answer every purpose if judiciously applied. A cool abdominal compress is often soothing and useful.

Equalization of temperature should be aimed at by all proper means. Warmth to the feet and lower limbs is often essential. A youth of sixteen was carefully watched and the indicated heat supplied continuously by a jug of water for a long time. The large number of petechial spots from the toes to the knees, ranging in size from a pin head to a small pea, and which did not all disappear until after convalescence, showed how near the blood came to stopping to circulate, and that probably the artificial heat alone prevented it.

The digestive tract appears to suffer the severest lesions, in ordinary cases. Digestion and assimilation, so essential to health and life, are thus easily perverted. To feed and not over-feed the patient is no easy task. Extremes of starvation and over-feeding have been too common—starvation particularly at the later period. The writer once had a four weeks' confinement with such fever, and well recollects the bad effects of over-eating during the early period, so that he believes next to abstinence from food—water always excepted—for the early period may often be best. Milk in proper quantity, clear or with lime water, is usually the most universal and valuable food. Later on other kinds can be added, but only in liquid form, until the period of convalescence. Any improper food, or harsh cathartic, increases the tendency to hemorrhage of the bowels,—a common occurrence,—and often dangerous. The usual frequent dejections are part of nature's treatment and salutary, if not excessive. Cool or cold abdominal compresses and

small cold water injections will usually control the diarrhœa. If not, elevating the foot of the bed, or slight opiates or astringents can be used. Torpid bowels, high fever or severe head symptoms. may require free water enemas or a mild laxative—the former preferable.

Proper change of position tends to prevent congestion of the lungs and the formation of bed sores. Paralysis of the bladder sometimes occurs and requires the catheter. Wetting the whole scalp frequently with tepid water, will usually prevent the severe head symptoms. Care is required not to allow water to drain into the neck.

It is astonishing how much food some convalescents can profitably take.

The treatment, as outlined, has usually resulted in complete recovery within the ordinary period of the disease.

REPORT OF CASES.

A COMPLICATED OBSTETRIC CASE

BY D. MACRAE, M. D., COUNCIL BLUFFS, IOWA.

On Jan. 16th I was summoned to a neighboring town to assist two physicians who had charge of a case of obstetrics which defied their powers to terminate successfully. I learned that one of them, the family physician, had been called the evening before; that he had found his patient comfortable, pains very feeble and infrequent, and os. not dilated to any extent. He simply contented himself with determining that there was a head presentation, and then went off to bed.

Early in the morning when he was awakened, he found that without much pain and no hemorrhage the placenta lay in the vagina, and on its removal the head presented and a hand and foot as well. The pains were still ineffective and infrequent. Without using an anæsthetic, the presenting foot was seized and pulled down and the child turned. After a considerable amount of trouble

the child was withdrawn, all but the head. He could not deliver the head. He sent for another physician, and they were both equally unsuccessful; they attempted to use forceps, but were quite unable to obtain a good hold. After many futile attempts, they decapitated the child, then with forceps they attempted to fish for the head, but failed, so they finally sent for me.

I found a large fleshy woman, seemingly not much the worse for the ordeal through which she had passed. Her pulse was good, she had no hemorrhage and her pains had all but ceased. In the vagina was the lacerated and ragged end of the neck of the child, with sharp spiculæ of bone projecting from the divided vertebræ column. The chin was caught over the pubes and the occiput laid on a large fleshy mass which prevented the head engaging the inner strait. The case was an extremely difficult one to handle, but the course of procedure was obvious enough. The woman was placed in proper position across the bed, each foot being held in position by an assistant, and she was profoundly etherized. The first thing done was to wrench off the last vertebræ with strong forceps, thus leaving the bone well in the tissues and covered. The object of this was to prevent the hand of the operator from being scratched, and principally to prevent injury to the maternal parts. Then forceps were introduced into the cavity of the uterus, and when widely dilated the head was pushed down by firm pressure from above. The blades were then approximated and it was found that they held well. Rather strong traction proved that it was simply impossible to pull the undiminished head through. So while the head was held in the grasp of the forceps, the perforator was used, and with the assistance of the finger in the mouth pulling on the lower maxillary and the forceps, combined with abdominal expression, delivery was finally accomplished.

The posterior wall of the uterus, and half of the uterine cavity as well, was occupied and filled by an immense submucoid tumor. This, when the head was pulled down, was forced along with and in front of it, thus completely and utterly preventing its passage downwards.

There are several points in this case which are well worthy of careful and thoughtful consideration. The peculiarity of the pains,

feeble, irregular in time and action, the expulsion of the placenta before the child and presentation of head, hand and foot. These, I presume, may all be accounted for by the presence of the woman's growth interfering with the proper rhythmical muscular action of the uterus, and by its presence and bulk modifying the shape and outline of the inner strait, and also leaving a passage or sulcus through which the placenta was squeezed. I have no idea that there was a condition of placenta previa. The head was distinctly touched at the first examination, there was no hemorrhage, so I must believe that the placenta was forced through a channel behind the head of the child and to one side of the tumor.

Then in regard to the first management of the case, the head locked in the uterine cavity, was decapitation the proper thing to do? The physicians who attended the lady were evidently quite well versed in obstetrical work. They had calmly and philosophically considered the situation and judged that the removal of the child would give the forceps more play in the vagina—give them, in short, more room to work. Simpson's forceps was the only instrument they possessed, and I am willing to admit that perhaps they were perfectly justified in the premises. But I must believe that when the accoucheur is supplied with proper instruments, the proceeding is entirely unnecessary. It is one very repugnant to parental feelings, and not to be thought of, unless absolutely necessary. I cannot see how it should simplify the condition at all. On several occasions the writer has applied forceps to the after-coming head, always with considerable ease; and once, many years ago, perforated with more comfort to himself and all concerned than was experienced on this occasion. And lastly, the tumor itself, a large, somewhat pedunculated myoma, a coming source of probable trouble.

Should it have been removed? Nothing could have been easier than to cut its capsule and shell it out. The necessary mutilation would still further endanger the life of a woman who had gone through an ordeal sufficiently trying without subjecting her to any more complications. Moreover, experience shows that during the period of involution such tumors dwindle down, degenerate and sometimes disappear entirely. So the uterine cavity was well

douched with hot water, and the patient, when we left for home, was quite comfortable.

At this date, six weeks after the occurrence, I learn from the attending physician that his patient convalesced without a bad symptom. She is up attending to her household duties, and the tumor gives her no inconvenience whatever. On the contrary during frequent examinations, he has satisfied himself that it has rapidly reduced in size and now it is very difficult to diagnosticate a slight thickening and enlargement, the atrophied remains of a once large fibrous tumor.

SCHIRRUS OF PYLOROUS.

REPORT OF A POST MORTEM BY W. H. SMITH, M. D., SHELL ROCK, IA.

Died Monday, February 15, 1886, W. J. F., aged 63 years. Having suffered for the past twenty years with a gastric disorder, accompanied by all the symptoms of a malignant disease, and so diagnosed by a few, others claiming it a severe form of dyspepsia; some a live animal in stomach, and even feigning sickness for sympathy was diagnosis given by others. Owing to the great diversion of opinion concerning the nature of the disease causing this death, preceded by extreme suffering and emaciation, I submit the result of the post mortem examination, held on the remains, it being his dying request that such examination should be made.

The post mortem examination was held 54 hours after death, by myself, in presence of Dr. D. B. Fonda, of Jefferson, Ill., brother of deceased, and several prominent citizens of this city. Rigor mortis had entirely disappeared. After the primary incision had been made, and the costal cartilages divided and sternum raised, the lungs and heart were brought to view and examined. The lungs were free from all deposits, and presented a normal appearance throughout. The heart was filled with coagulated blood, indicating that it had ceased beating in diastole. The valves and muscles of the heart were apparently healthy. The pericardial sac contained no fluid, and the pericardium was adherent near the

apex and several other places on the surface of the heart, also to the diaphragm. The membrane was studded with cancerous deposits, and the adhesions were due undoubtedly to the circumscribed inflammation generally accompanying cancerous deposits.

The upper surface of the diaphragm was filled with cancerous masses, varying in size from a mere point to a large pea. When the contents of the abdomen were examined, the liver—all but a portion of the lobus Spigelii—the lower surface of the diaphragm, spleen, pyloric orifice of stomach, great and lesser omenta, right kidney and the intestinal tract throughout, were more or less thickly studded with cancerous deposits.

The adhesions between the duodenum, liver, omenta, and diaphragm were so extensive and the deposits so large that it was impossible to distinguish all the tissues. Judging from the history of the case and post mortem appearances, we were inclined to the opinion that the primary seat of the deposit was at, or near, the pyloric surface of stomach. The pyloric valve was entirely obliterated and orifice closed, so that life had been sustained for a long time upon the surplus of adipose, all of which had been consumed throughout the body.

The right kidney was floating, and several inches above its site. The left kidney presented no abnormal appearances. The bladder was healthy.

COLLEGE COMMENCEMENTS.

MEDICAL DEPARTMENT IOWA STATE UNIVERSITY.

The annual commencement exercises of the Medical Department of the Iowa State University were held March third, at the Opera House, Iowa City. There was a large and interested attendance, completely filling the hall. The Dean of the Medical Faculty, W. F. Peck, A. M., M. D., presided. Prayer was offered by Rev. G. W. Brindell. T. G. Allen, of Buffalo, N. Y., delivered the Valedictory address, which as a literary production, was very creditable. The President of the Board of Regents conferred the degrees. The address for the Faculty was delivered by the Gov-

ernor, Hon. Wm. Larrabee. The address was full of good sense, made practical by clear-pointed suggestions and advice. It contains a good code of ethics. In closing, he paid a high tribute to the ability as teacher and surgeon, of the Dean, Dr. W. F. Peck.

The degree of M. D. was conferred upon thirty-five members, their names being as follows:

A. P. Anderson,	J. C. Jackson,	Charles Henry,
J. W. Hull,	W. Jepson,	A. K. Patterson,
J. A. Pinkerton,	C. L. Schofield,	J. A. Van Dyke,
C. J. McGovern,	E. Brooks,	E. W. Haradon,
W. W. Hunter,	S. W. Clark,	E. E. Dunkelberg,
W. M. Hatfield,	C. C. May,	C. O. Stone,
J. M. Wyland,	G. M. Jones,	F. F. Carl,
A. E. Truax,	A. B. Allen,	T. G. Allen,
Mrs. M. L. Arthur,	A. F. Barfoot,	L. E. Barton,
W. W. Beam,	L. W. Bowman,	J. J. Brownson,
J. W. Cox,	W. P. Gardner,	J. Krebs,
	A. Pierce,	E. H. Waters.

After the faculty examinations the graduating class had a public examination, which was one of the features connected with the closing exercises of the Medical Department.

The number of students during the term just closed was 116.

The Faculty for the last year has been, beside President Pickard, as follows:

Dr. W. F. Peck, Dean, and Professor of Surgery and Chemical Surgery.

Dr. G. Hinrichs, Professor of Chemistry, Toxicology and Climatology.

Dr. P. J. Farnsworth, Professor of Materia Medica and Diseases of Children.

Dr. W. S. Robertson, Professor of Theory and Practice of Medicine.

Dr. J. C. Shrader, Professor of Obstetrics, Gynecology and Clinical Gynecology.

Dr. W. D. Middleton, Professor of Physiology and Microscopic Anatomy.

Dr. E. F. Clapp, Professor of Anatomy.

Lectures on special subjects have been delivered by Drs. Hobby, Hill, Gillett, Lytle, Middleton and Robertson.

THE COLLEGE OF PHYSICIANS AND SURGEONS.

The commencement exercises of the forty-fifth session of the College of Physicians and Surgeons were held March 2nd, in the Keokuk Opera House, and witnessed by a large and select audience of ladies and gentlemen. The character of the audience evidenced the interest taken by the general public in the growth and prosperity of the college.

The following is the order of the exercises:

Music by Miller's Orchestra; a prayer by the Rev. J. S. Hoyt, D. D., who was introduced by George F. Jenkins, M. D., president of the evening; a selection by the Orchestra, and then the announcement by J. C. Hughes, M. D., of the list of graduates, which is as follows:

Bairtram, Robert T., Ewart, Iowa.

Bryant, Charles T., Bright Star, Arkansas.

Burch, Elmer T., Monmouth, Illinois.

Braden, Samuel H., Pleasanton, Kansas.

Burns, George L., LaSalle, Illinois.

Bendle, Joseph H., Montrose, Iowa.

Case, William W., Nebraska, Indiana.

Day, Miss Luell, Goshen, Indiana.

Drew, Francis Webb, Keokuk, Iowa.

Gordon, George R., Leesville, Missouri.

Goodspeed, E. R., Isodora, Missouri.

Holsclaw, Charles V. Albia, Iowa.

Heryford, William B., Greensburg, Missouri.

Jenkins, Noah D., Bloomfield, Iowa.

Krout, Jacob B., Hendrick, Iowa.

Kratzer, James D., Lancaster, Missouri.

Lawrence, William H., Tulip, Arkansas.

Marion, William O., Leon, Arkansas.

McMillan, Edward C., Fullerton, Nebraska.

Marion, Thomas C., Keokuk, Iowa.

McNeiley, John D., Warsaw, Iowa.
Nichols, George M., Fayette, Missouri.
Osburn, Mrs. Eva St. C., Viele, Iowa.
Pechstein, John W., Keokuk, Iowa.
Ramsey, Alex., Westerville, Iowa.
Steiner, David D., Loraine, Illinois.
Seevers, C. T., Winterset, Iowa.
Steere, Warren B., Pierre, Dakota.
Trigg, Francis M., Tunnel Hill, Illinois.
Walker, Oliver D., Lawrence, Kansas.
Webber, Samuel T., Harrisburg, Illinois.
Weems, Charles M., Jacksonville, Illinois.
Yocom, Albert L., Newbern, Iowa.
Zorger, William H., Weldon, Illinois.

After which President Jenkins presented them to Hon. John H. Craig, A. M., President of the college, who, after a pleasing address, conferred the degree of M. D., and presented the diplomas. After another orchestral selection, D. W. Crouse, M. D., President of the Iowa State Medical Society, delivered the Doctorate address. The address was sprightly, with apt illustrations, and entertaining. Beneath the surface there was a strong current of good, wholesome advice, relating to their physical, moral and financial welfare.

The college was organized in 1849. At the beginning of the present session a number of changes were made in the Faculty. During the collegiate year just closed, the following were members of the Faculty:

J. C. Hughes, M. D., Professor of the Principles and Practice of Surgery and Surgical Clinics.

John North, A. M., M. D., Ph. C., Professor of Chemistry, Toxicology and Physical Diagnosis.

George F. Jenkins, M. D., Professor of the Principles and Practice of Medicine, Medical Clinics and Diseases of Children.

J. A. Scroggs, M. D., Professor of Obstetrics and Diseases of Women.

George M. Kellogg, M. D., Professor of Anatomy.

S. W. Moorhead, M. D., Professor of Materia Medica and Therapeutics.

M. R. King, A. M., Professor of Medical Jurisprudence.

J. C. Armentrodt, M. D., Professor of Physiologi and Microscopic Anatomy.

T. J. Maxwell, M. D., Professor of Public Hygiene and State Medicine.

G. O. Morgridge, M. D., Professor of Surgical Pathology.

G. P. Wilkinson, M. D., Lecturer upon Ophthalmology and Otology.

John A. Gibbons, M. D., Demonstrator of Anatomy.

H. A. Kinnaman, M. D., Prosector to the Chair of Anatomy.

J. A. Scroggs, M. D., Corresponding Secretary.

There was an increase of 15 per cent in the number of students over the year before. The following requirements for admission have been followed to the letter:

“A diploma from a literary college, academy or high school, a first-class teacher’s certificate, or a matriculation examination in the branches of a good English education.”

(The above requirement is the rule in all the regular schools of this State.)—ED.

The next session of the college will open Oct. 13, 1886.

IOWA COLLEGE OF PHYSICIANS AND SURGEONS.

The annual commencement exercises of the Iowa College of Physicians and Surgeons was held Friday evening, March 5, at the English Lutheran Church, Des Moines.

The exercises were informal, there being but few invitations extended, and the public announcements were very meagre and limited; yet the immediate friends of the college and the class filled the church. The Dean, Lewis Schooler, M. D.; presided. After a prayer by Rev. George C. Henry, the Secretary, T. W. Shearer, M. D., made his annual report. After a short, but very pleasing, witty and withal impressive address, W. L. Nicholson, M. D., conferred the degrees of Doctor of Medicine on the following members of the graduating class:

Bellinger, M. J.

DePondrum, T. E.

Matthews, W. S. H.

Smith, J. M.

Thomas, L. M.

Wiedmann, A. C.

Waterman, J. C.

Sears, E. A.

And the degree of Ph. G. on Day Waterbury and G. H. Wilson.

The Doctorate address was delivered by H. Landis Getz, M. D. The address was well delivered and well received. It was practical, with a streak of humor, besides the usual plea for ethics, morality and charity. The practical part related to the business, or financial part of the physician's life, so often a failure. When advocating modesty and temerity in the presence of grave professional responsibilities, he used it only as a balance to his stronger advice to be resolute, confident and aggressive in all that in practice pertains to his profession.

The Valedictory was delivered by W. S. H. Matthews, M. D.

It was well prepared, and well delivered, a credit to the Doctor, and to the college.

The Dean delivered a short address, after which the exercises were closed with the Benediction.

Between the several exercises Prof. Kromer's Orchestra rendered some fine selections.

The Faculty, during the last collegiate year, was as follows:

J. F. Kennedy, A. M., M. D., Emeritus Professor of Obstetrics and Diseases of Children, Des Moines.

J. M. Emmert, M. D., Professor of the Principles and Practice of Medicine, Atlantic.

A. C. Simoton, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery, Des Moines.

H. Landis Getz, M. D., Professor of Obstetrics, Diseases of Children and Surgical Diseases of Women, Marshalltown.

Lewis Schooler, M. D., Dean, Professor of Anatomy, General and Descriptive, Des Moines.

H. R. Page, A. M., M. D., Lecturer on Physiology, Des Moines.

W. W. Hale, LL. B., M. D., Professor of Materia Medica and Therapeutics, Des Moines.

Robert Stephenson, M. D., Professor of Gynecology, Centerville.

T. W. Shearer, M. S., M. D., Secretary, Professor of Chemistry and Therapeutics, Des Moines.

E. H. Hazen, M. D., Professor of Diseases of the Eye and Ear, Davenport.

F. E. Cruttenden, M. D., Professor of Diseases of Throat and Nasal Passages, Des Moines.

D. S. Fairchild, M. D., Professor of Pathology, Histology, and Diseases of the Nervous System, Agricultural College, Ames.

Hon. John Mitchell, Professor of Medical Jurisprudence, Des Moines.

E. C. Currie, M. D., Demonstrator of Anatomy and Lecturer on Medical Botany, Des Moines.

Woods Hutchinson, M. D., Lecturer on Hygiene.

J. W. Cokenower, M. D., Lecturer on Venereal Diseases.

MEDICAL LEGISLATION.

A SKETCH OF MEDICAL LEGISLATION IN IOWA.

BY F. E. CRUTTENDEN, M. D., DES MOINES, IOWA.

The early history of medical legislation in this State dates back eighteen or twenty years. How much farther, the writer has been unable to determine. But little of its early history is known. Conversations and interviews with members of the early General Assemblies give but little information in regard to the character of the bills introduced, or of the circumstances that led to their defeat. The measures, at first crude, contained some very radical provisions. From session to session, the evolutionary process prevailed, although mixed with an occasional retrogression. The early bills had a strong tendency to class legislation. It was by and for physicians. Occasionally a bill was introduced, coming from the people, for the suppression of quackery in Iowa. Some of them were extreme, and would have been an advantage to the people, although they were somewhat defective in their provisions. From the beginning, a more or less regular attempt was made up to the session of 1872, which is the earliest date of which the writer

was able to gain any very positive information, supported by written or printed evidence. Among the prominent personages who were instrumental in causing the defeat during this early period was P. Gad Bryan, then a member of the House. He had taken one course of lectures.

The bill had passed one branch, and was upon its final passage, with the fairest prospect of success. A statement from Bryan that he was a quack, and one of those who would be shut out on account of the bill (he was not then engaged in the practice of medicine) followed by a tirade of ridicule, defeated the bill.

At the annual meeting of the State Medical Society, held in 1871, the following gentlemen were appointed to act as a committee on Medical Legislation:

Drs. S. B. Thrall, — House, W. F. Peck, and C. H. Lothrop.

This committee met at Des Moines, January 23, 1872. Several bills on medicine and surgery had already been introduced by various members. Drs. Lothrop and House had prepared a bill which was considered with those already introduced.

H. F. No. 4, by Butler, of Page, with a few amendments, was unanimously adopted by this committee. McIntyre, of the Senate, had introduced the same bill, with a few changes, S. F. No. 11. The committees on Medical Institutions of both the Senate and House, granted a hearing to this committee.

The Senate committee consisted of the following members, all physicians: Drs. Bloomer, Miles, Dashiell, Ireland and Taylor.

The House committee consisted of the following members, also all physicians: Drs. Ellsworth, Davidson, Blackman, Whitten and McAllister.

This conference disclosed a wide difference of opinion as to the desirability, practicability, etc., of enacting a medical law. All, however, agreeing that some law should be passed.

During the session, the legislature developed a warm disposition toward medical legislation. Senator Gault introduced a bill for an act to protect the people of Iowa from charlatanism, and imposition in the practice of medicine and surgery, S. F. No. 210.

April 9th, it was reported to the Senate, supported by Senators Bloomer and Miles. It was made a special order for April 11th, at

which time it was lost for want of a constitutional majority. The opposition that caused the defeat came from Senators Claussen and West.

Senate File, 202, by Gault, an act to prevent criminal abortion, passed the Senate, but was lost in the House. The House committee could not agree on H. F. No. 4. McAllister reported a bill, H. F. 304, and Ellsworth reported a substitute for H. F. No. 4.

H. F. No. 4, was made a special order for April 6th, at which time it was supported by Messrs. Butler and Ceables. It was opposed by Messrs. Ellsworth and Blackman. The bill, after several amendments, was indefinitely postponed, by a vote of 40 to 30. The strongest opposition it received came from the physicians.

Examining the bills introduced during the XIVth General Assembly, I find that they contain the following general provisions:

H. F. No. 4, required a physician to be a graduate, or a member of a County, District or State Society in good standing; penalties, \$50 to \$500 fine, first offense; and for the second, in addition to the first, imprisonment. The Ellsworth substitute differed by allowing all who were in practice, when the bill took effect, to continue; the penalty was reduced from \$50 to \$500, to \$20 to \$100, and it was to be used at the discretion of the court; a non-resident was subject to the penalties of the original bill, and without the discretion of court.

H. F. No. 210, by Gault, differed by limiting the penalties to practice for pay; by compelling the physician to stick to his own school of practice; by providing for the organizing of medical societies; by providing for a State Board of Examiners, granting them powers; by making it man-slaughter in the third degree for a physician to kill his patient by medicine, when he, the physician, was under the influence of alcoholic liquors; by making it a misdemeanor to prescribe while intoxicated, and by forbidding the physician to disclose any information acquired from his patient while attending to his professional duties.

The McAllister bill, H. F. 304, differed by requiring, in addition to the requirements of H. F. No. 4, that the physician be a legal voter (excluding women practitioners); by extending the fine to

\$1,000, and by excepting physicians, living in adjacent States, but near the borders of Iowa. The general language of the bills, except the Butler bill, was imperfect, containing weak concessions and conditions that would have destroyed their force had they become a law. The Butler bill, revised and amended in a few particulars, if passed, would have been a good nucleus.

Of the period between 1872 and June, 1879, the writer has been unable to find any reliable record.

At a meeting of the Iowa State Medical Society, held in Davenport, June, 1879, Dr. W. S. Robertson was appointed chairman of a committee, with Drs. G. M. Staples and S. B. Thrall, as his associates, to prepare a bill, creating a State Board of Health, and another, to regulate the practice of medicine and surgery in the State of Iowa, to present them at the next session of the legislature, and to secure their enactment. The committee prepared a draft for two bills, met John H. Rauch, Secretary of the Illinois State Board of Health, in Chicago, who examined the drafts prepared, pointed out objections, and made such suggestions as his experience dictated. These bills were afterward presented to the committee of the Iowa State Homœopathic Medical Society, who made some valuable suggestions to the various sections of the draft for the medical practice act, which were adopted.

Early in the season of the XVIIIth General Assembly, the joint committee met the joint committees of the Senate, and of the House, and impressed them with the fact that one joint bill had the co-operation of both of these branches of the profession, and asked them to adopt these bills as their report, which they did.

The bill to create a State Board of Health met with more favor than the medical bill, the latter, drawing the fire of all the non-descript and *quasi* doctors of the country, through their representatives in the legislature. The bills, S. F. 98 and S. F. 99, were first introduced in the Senate. They passed that body, but they lingered in the House till the Wednesday before the Saturday on which the legislature adjourned, when the chairman of the committee, Dr. Robertson, received a telegram that the bills were at the bottom of the calendar. On Thursday, he came to Des Moines, and

learned from the friends of the bills, that they were afraid they could not be reached until they should come up in regular order. The opposition, which had been accumulating throughout the session, had become very pronounced against both bills, as "Doctors's Bills," the greater hostility being against the bill regulating the practice of medicine. Upon consultation, it was decided that both bills could not go through, and that it would be better to sacrifice the one having the greatest opposition. There were additional reasons: Unless the State Board of Health bill became a law, the bill to regulate the practice of medicine and surgery would be ineffective. The magnetic healers, faith doctors, etc., would combine and assist in the passage of the Board of Health bill, provided the bill to regulate the practice of medicine and surgery was abandoned, by common consent. After the abandonment of the medical bill, by the use of certain tactics, known to legislators and to the lobby, H. F. No. 98 was advanced from its order, and it became a law. The medical bill, H. F. No. 99, was very much like the Illinois law, and at that time, a united and continuous effort could have carried it through.

During the XIXth General Assembly but little effort was made. A bill was prepared, but no progress made. A committee consisting of Drs. W. S. Robertson, C. H. Rawson, O. H. P. Shoemaker, E. H. Carter, and W. H. Dickinson prepared a bill for the XXth General Assembly. It was prepared from old bills, that contained whole sections unchanged of H. F. No. 99, of the XVIIIth General Assembly. It had some improvements, but it unfortunately acquired class features that were against it and greatly to its prejudice. The bill was introduced by Dr. J. D. McVay, of the House, and is known as the McVay bill, H. F. No. 420. It was reported favorably upon by the House committee, consisting of Calkins, McVay, Wilbur, Green, Densmore, Schmidt, Miller, of Carroll, Brothers and Nachtwey. The bill never came to a third reading. It met with a good deal of opposition, and failed because it was introduced very late, and had no united support. The writer was opposed to its class features. It developed no special strength among the profession in either branch of the legislature, some of whom afterward expressed themselves in this manner, that it, the

McVay bill, was not one which they could consistently support. The objectionable class features are found in Section 7: "May refuse to grant certificates to any person guilty of unprofessional conduct. * * May revoke for like causes;" all of Section 9, which makes a privileged class, irrespective of qualifications, and all of Section 13, which provides for a special exemption from suits for damage. The bill also contained some weak points, among them, the following:

It made no provisions for the manner in which the examinations should be conducted, or of what they should consist. It placed the Board where it could be accused of unfairness and favoritism, and where it could, if it felt so disposed, slight the examination. It made no provision for refusing and revoking the certificate, where in a person has been convicted of a felony in the practice of his profession. It failed to prohibit, although it gave power to revoke for palpable evidence of incompetency. It would prevent pharmacists from furnishing medicine for the sick. It licensed in Section 10, what it made a misdemeanor in Section 8. It failed to make penalties for continuing in practice after the revoking of a certificate, and it made the fine too small.

After the XXth General Assembly medical legislation rested quietly for a year, when the writer, through THE REPORTER, and by correspondence, revived the subject. The time was ripe, the profession had come to realize that nothing could be accomplished, except by unity in spirit, and in action. My efforts immediately began to realize results. Finding a sufficient interest, a canvas was made among the profession, involving a correspondence with over twelve hundred of the medical profession of this State. A large number of the county and district societies took an active interest, and sent special delegates to the State Society, Jefferson County Medical Society being among the first. At the 31st annual meeting of the Iowa State Medical Society, resolutions were introduced, and a committee on medical legislation appointed to act on all communications presented during the session. This committee consisted of Drs. Caldwell, Cruttenden, Watson, Williamson and Emmert; Dr. Caldwell, Chairman, and Dr. Cruttenden, Secretary. After due consideration of the subject-matter

presented, the Secretary drew up a sketch bill and resolution which were accepted by the committee, and which, after discussion, were unanimously adopted by the Society. The following is a copy of the bill and resolution:

Resolved, that it is the desire of the Society that the legislature enact a law to regulate the practice of medicine, surgery, obstetrics and their allied branches, under the heading—

A BILL

FOR AN ACT TO REGULATE THE PRACTICE OF MEDICINE, SURGERY,
OBSTETRICS, AND THEIR ALLIED BRANCHES, IN THE
STATE OF IOWA.

[Containing the following provisions.]

Be it Enacted by the General Assembly of the State of Iowa:

That after the act shall take effect no person shall practice medicine, surgery, obstetrics, and their allied branches in the State of Iowa, who is not a graduate of a legally organized medical college, or who has not practiced medicine, surgery, obstetrics, and their allied branches, in this State for at least five consecutive years prior to the date that this act shall take effect. That on or before this act takes effect every person practicing medicine, surgery, obstetrics, or their allied branches in this State, shall present to the State Board of Health satisfactory evidence, through diploma or certificate, that he is entitled under this act to legally practice medicine, surgery, obstetrics, or their allied branches. That he shall receive a certificate from the State Board of Health, which he shall register with the County Clerk of the county wherein he shall engage in practice. That upon presenting his diploma, or certificate of practice, he shall pay the sum of \$1. That any person who shall violate this act shall be fined not less than \$50, nor more than \$100 and costs, for the first offense, and \$100 and costs, for the second offense, and imprisonment in the county jail for a period of not less than ninety days.

Framed in such language as to adequately provide for the legal technicalities, embracing substantially the provisions herein contained.

Also that the following, the first of the resolutions presented by Dr. Cruttenden, be adopted:

Resolved, That the President of the Society appoint a committee of five to select a representative committeeman from each assembly district of the State, to look after the representative from his district, and that this committee report before the close of this session.

Respectfully,

T. J. CALDWELL, *Chairman*.

F. E. CRUTTENDEN, *Secretary*.

The President appointed the following committee, in accordance with the resolution: Drs. J. M. Emmert, Atlantic; W. S. Robertson, Muscatine; G. W. Beggs, Sioux City; H. A. Gilman, Mount Pleasant, and H. Ristine, Cedar Rapids. This committee never reported.

The following is a copy of another resolution, presented by Dr. T. J. Caldwell, which was also adopted by the Society:

Resolved, That a committee of five be appointed by this Society to confer with a like committee of the other medical societies of the State of Iowa, in relation to a medical bill, or practice act, and that said committee be composed of the following members of this Society: Drs. J. Williamson, Ottumwa; F. E. Cruttenden, Des Moines; A. A. Deering, Boone; J. M. Emmert, Atlantic, and J. F. Kennedy, Des Moines.

This skeleton bill was a sort of a compromise, or general concession, made as far as could be to conform to the general desire and idea of what a medical bill should contain, as expressed in the correspondence above mentioned. It embodied the good points, excluding the bad and the extreme. The Eclectic and Homœopathic State Societies unanimously voted similar resolutions, indorsing the action of the State Medical Society. Later in the season, the Physio-Medics adopted similar resolutions. Soon after, the committee met and organized, electing Dr. J. Williamson, Ottumwa, Chairman, and Dr. F. E. Cruttenden, Des Moines, Secretary and Executive Officer. They enlarged their committee by adding Dr. J. W. Finarty, Knoxville, who afterward proved a valuable member.

A bill was provided, and a conference held with delegates from the committees of the other State Societies. After two or three meetings, and with slight amendments, the bill was adopted. It then went to the legal profession (they have been pounding it, more or less ever since,) where it was examined for grave errors, but not perfected. While in this form it was next sent to the State Board of Health, where it was reviewed by them, and returned with an accompanying report that was unanimously against it, and in favor of the McVay bill, with the statement, kindly expressed, that they would be glad to support any bill. Subsequent interviews disclosed the fact, that it was the form of the bill, rather than its provisions, that caused the preference. At a full meeting of the committee, the bill was unanimously adopted, as prepared by the committee, and it was ordered to be perfected, after which, it was printed, distributed and introduced.

From the middle of October to the commencement of the XXIst General Assembly, an active and thorough canvass was made throughout the State. The work was divided up between the several members of the committee. Each member performed his duty thoroughly and persistently. The several district and county societies, except Burlington, took an active interest, and did a great deal of work, without which, our present success might have been a failure. A poll of the canvass showed a fair majority in both branches, with several districts to hear from. A majority of this majority openly expressed themselves as being in favor of our particular bill, and the remainder, of some good measure. The canvass also showed reliable organized committees, acting with authority, distributed over the State, and in direct communication with the Central Committee.

At the convening of the XXIst General Assembly Dr. J. D. McVay met with the Central Committee as a special delegate from the Iowa Central Medical Association. He was made a member, and thereafter acted with us.

By reason of his personal acquaintance and perseverance, he was an invaluable member. He gave freely of his time and services whenever they were needed. Four members of the Senate, and as many of the House, were willing to take charge of the bill, and

without urging or solicitation on the part of the committee. The committee selected those who first expressed a willingness. In the meantime a copy of the bill, as first presented, was introduced in the House by Thompson, of Linn. At this time the committee met their strongest and most dangerous opposition, that, which afterward, did more toward weakening and amending the bill, than all the rest combined. This opposition came from the pharmacy commissioners. They demanded several changes in the bill, accompanied by statements that they would have to fight the bill, unless we acceded to their demands. The Central Committee met Mr. Crawford, of the commissioners of pharmacy, who seemed to have charge of the matter, made such changes as were asked, except wherein the changes affected the vitality of the bill. The demands made at that time, were the striking out of the whole of Section 9; changing the wording of Section 8, in such a way as to admit what is usually known as counter-prescribing, and changing the repealing clause, by exempting the pharmacy law. This latter was in fact giving the commissioners of pharmacy the privilege of licensing for \$100 per annum, all those who chose to practice, and were shut out by the medical bill. The only reason they gave for this was the revenue to be derived. The attorney of the commissioners of pharmacy publicly advised them to abandon their position, as they were clearly in the wrong. This they never did, and their influence was felt, and had a marked effect upon the passage of the bill. Several slight changes were made in the bill, at their solicitation. At a meeting of the State Pharmaceutical Association, the following resolution was prepared by the commissioners of pharmacy, and unanimously adopted by the Association, not because of a free unanimous spirit, but because of the control that the commissioners of pharmacy and their immediate friends had over the Association:

Resolved, That the Iowa State Pharmaceutical Association is in hearty sympathy with the bill before the General Assembly relating to the practice of medicine, surgery and obstetrics. We must, however, ask for the benefit of both professions, that any feature of the bill contravening provisions of the pharmacy law, be care-

fully considered. We refer to Section 9, which is in conflict with Section 10 of the pharmacy law relating to itinerant venders.

A quiet canvass among a large number of the attending delegates and members, indicated clearly that the resolution did not express the sentiment of the Association.

Dr. Rosa Upson, of Marshalltown, together with Dr. E. H. King, of West Liberty, and one or two others, whose names have escaped the memory of the writer, made a vigorous effort to have the matter amicably adjusted, for which they are deserving of great credit.

The bill was introduced in the Senate by Senator Caldwell, and at the same time, in the House, by Lyon, of Guthrie. It was afterwards known as H. F. 207, for reasons to be hereafter explained. As soon as the bills were introduced, a quiet, persistent canvass and work was maintained by all the friends of the bill in both branches of the General Assembly. Except the few who were known to be unqualifiedly opposed to the bill from the beginning, no opposition, except as to the right to sell patent medicines, was met, other than against the changes demanded by the commissioners of pharmacy.

The House and Senate committees on medicine and surgery met at the same time, although at different places, and considered the bill. With almost no change, the House committee reported favorably on the bill. Shortly after, certain members of the committee, visited Keatley, of Pottawattamie. He made several valuable suggestions, writing and interlining them in himself. He offered no objection whatever to other parts than those corrected. About this time, a decision had just been rendered by the Supreme Court of Minnesota, that indicated a weakness in our bill. In order to make the necessary corrections in the bill before it came up in the House as a special order, at our request, the committee of the House kindly recalled it, made the corrections, and adopted all the amendments that Keatley had suggested. The bill was reported back to the House and was made a special order for February 17th.

In the meantime, at a second meeting of the committee on medicine and surgery of the Senate, the bill, S. F. —, by Caldwell, came before the committee. Upon motion by Senator Bolter, who,

from the beginning to the end of our struggle, was a friend to the measure, and gave us a great deal of valuable aid, without which, the writer has serious doubts as to the final passage of an acceptable bill, a resolution was passed, not unanimously, but without a dissenting vote, favoring medical legislation. The bill met with serious opposition in the committee from Senators Bayless and Earle, both engaged in the drug business. The amendments tacked on to the first section, at this meeting, were so serious (reducing 12 years to 12 months, and taking from the Examining Board so much of its power as to make its action ineffective), and the expressions about cutting out, and making other serious changes heretofore demanded by the pharmacy commissioners, that they caused the friends of the bill to abandon all further effort in the Senate committee, believing that the disposition and the action thus far taken, would kill the bill, by emasculation. After this, further interviews were had with the commissioners of pharmacy, who, through Mr. Crawford, were more pronounced and forcible in their threats to fight the bill, (thinking possibly from our bad experience, to intimidate.) This aroused the friends of the bill to a full sense of its danger, and the pharmacy commissioners received a positive answer that no concessions would be made, and that it would be killed first. This experience had also its good effect. It aroused and united the friends of the bill, and buried all individual notions. Until a few hours before the time for the special order for the bill in the House, the friends of the bill expected no serious or marked opposition. We then discovered that Keatley, of Pottawattamie, had several amendments to offer. Some opposition was expected, however, from those who had been opposed to the bill from the first, and from those who were representing the interest of the magnetic healers, but we knew this was not large. Opposition was also expected from the patent medicine men. As we expected to make some change so as not to interfere with the regular course of trade, we did not fear their opposition, and it never proved serious or lasting. As soon as their point was gained, they and their friends were friendly to the bill.

We soon discovered that the nature of the amendments to be offered, was similar to those already made and threatened in the

Senate committee. A hasty canvass among the friends of the bill in the House found it necessary to sacrifice Section 9, as our majority without those who had become disaffected from some cause, was too small to be depended upon, as an absence of three or four might kill the bill for want of a constitutional majority. Keatley, in offering his amendments, one after another, and in leading the opposition, expressed himself as being in favor of the bill. This position carried with him a number of Democratic members, who were favorable to the bill, and some of whom, afterwards, expressed themselves as regretting that Keatley had gone so far.

The opposition of Ball, of Johnson county, was from a different cause; as soon as his objection, which was a good one, was corrected, he assisted in the support of the bill.

Schee, of O'Brien, led the contest for the friends of the bill, ably assisted by Thompson, of Linn; Wilbur, of Butler; Lyon, of Guthrie; Finn, of Taylor; Weaver, of Hardin, and Berryhill, of Polk, together with others.

The medical profession of Iowa and the public at large, are greatly indebted to the kindness and the persevering labor of these gentlemen. The honor should be equally distributed upon all, except Schee, of O'Brien, who should head the list. The opposition on the floor came from Keatley, Culbertson, of Des Moines, Converse, Burgess, Robb, Hotchkiss, and others.

On the first day a large number of amendments were offered, a few were adopted. Some strengthened the bill, others detracted from it, none of them serious except in regard to time, which was reduced from 12 to 6 years. On a test vote to reconsider, in order to make it 9 years, the friends of the bill developed a strength of only 55 to 40 votes. After having carried their point, the friends of the bill believing it would lessen their opposition and increase their strength for other parts of the bill, made a concession to Keatley, reducing the time to seven years, hoping thereby to save the sections where we were expecting a sharp contest. On the next day it soon became evident that the concession was of no value, as the opposition, headed by Keatley, was as strong as ever. After several amendments had been proposed, and most of them defeated, Section 8 was passed over hurriedly in order to abandon

Section 9 as was necessary in order to hold our majority, thinking again to strengthen the bill. This was followed by an amendment from Keatley, supported by his friends, which, had it been carried, would have defeated the bill. The friends of the bill, announced through Schee, that they considered this amendment a test vote, and that if passed, it would kill the bill. Without defeat, the amendment was put, yeas and nays being called. The following is the vote:

Yeas—Anderson, of Hamilton, Anderson, of Warren, Bailey, Baldwin, Benson, Berryhill, Boggs, Bradley, Brown, Bruce, Butler, of Cherokee, Butler, of Page, Cousins, Culbertson, of Carroll, Custer, Densmore, Dent, Dobson, Finn, Greenlee, Hayzlett, Killen, LaForce, Lathrop, Lyons, of Guthrie, McCarthy, Meservey, Mitchell, Moore, Nelson, Pattee, Ramsey, Ranck, Redman, Reynolds, Rice, Riley, Roach, Roberts, Schaller, Schee, Spencer, Story, Sweet, Thompson, of Lynn, Tipton, Walker, Weaver, Welch, Wilbur, Wiley, Wilson, of Cass, Wilson, of Butler, Withrow and Wright, 55.

Noes—Ball, Barnum, Burgess, Chamberlain, Clark, Coleman, Converse, Craig, Culbertson, of Des Moines, Deitz, Garrett, Hammond, Harris, Hart, of Clinton, Hart, of Pottawattamie, Holbrook, Hotchkiss, Keatley, Kent, Kline, Larson, Linehan, Lyons, of Mahaska, Manderscheid, Overholtzer, Penny, Peterson, Robb, Russell, Rustad, Shaw, Stiger, Smith, Thompson, of Clayton, and Wyland Wright, 35.

Absent and not voting—Agnew, Coie, Davney, Gates, Hamilton, Montgomery, Nachtwey, Rice, Redhead, Teale, Mr. Speaker.

After this, there was but little opposition. But just before the last amendment, and in order to save the bill, we were obliged to submit to having the obstetrical clause stricken out.

The bill was ordered engrossed. On February 19 correct engrossment was reported to the House. On February 25 the bill passed the House. The following is the vote:

Yeas—Anderson, of Hamilton, Anderson, of Warren, Bailey, Baldwin, Ball, Benson, Berryhill, Boggs, Bradley, Brown, Bruce, Butler, of Cherokee, Butler, of Page, Chamberlain, Clark, Cousins, Craig, Culbertson, of Carroll, Custer, Densmore, Dent, Dobson,

Finn, Garrett, Greenlee, Hart, of Pottawattamie, Hayzlett, Holbrook, Keatley, Kent, Killen, LaForce, Lathrop, Linehan, Lyons, of Guthrie, McCarthy, Meservey, Mitchell, Moore, Nelson, Overholtzer, Pattee, Ramsey, Ranck, Redhead, Redman, Reynolds, Riley, Roach, Roberts, Russell, Rustad, Schaller, Schee, Spencer, Stiger, Storey, Sweet, Thompson, of Clayton, Thompson, of Linn, Tipton, Walker, Weaver, Welch, Wilbur, Wiley, Wilson, of Butler, Wilson, of Cass, Withrow, Wright.

Nays—Burgess, Coleman, Converse, Culbertson, of Des Moines, Harris, Hart, of Clinton, Hotchkiss, Kline, Larson, Lyons, of Mahaska, Manderscheid, Penny, Peterson, Robb, Shaw and Smith.

Absent or not voting—Agnew, Barnum, Coie, Dabney, Deitz, Gates, Hamilton, Hammond, Montgomery, Nachtwey, Rice, Teale, Wyland and Mr. Speaker.

It will be noticed that Keatley and his following who voted against the measure on the test vote, voted for the bill on its final passage. The bill went over to the Senate, and was referred to the Senate Committee on Medicine and Surgery. At this time, and thereafter, with the exception of Senator Earle, every member on the Senate Committee of Medicine, Surgery and Pharmacy treated the measure honorably, fairly and friendly. Senator Earle differed only in not being friendly. Senator Bayless withdrew his opposition, and no one was more friendly than he, who did not take an active part. His former opposition was open and above board in every respect, even his communications with Keatley during his opposition. He was clearly working for the interest of the pharmacy commissioners, which he had a perfect right to do. No censure or blame should be laid to him from anything contained in this article. The Senate Committee reported it back favorably, and without change, after some discussion that presupposed an amendment as soon as the bill should come up in the Senate. It was made a special order for March 4. It was found that the opposition, which had been constantly accumulating force throughout the session, was so great at this time and had such an influence on a large number of the Senate, that we were obliged to concede a further reduction of two years, leaving the time five years, in order to hold a sufficient number to pass the bill, it being understood and

agreed that the Senate would restore the obstetric clause, lost in the House. After this concession, there was no organized or determined effort to defeat the bill.

On the floor, Senator Caldwell supported the measure, assisted by Senators Bolter, Underwood, Sutton, Bloom and Scott, who supported the bill throughout, and part of the time by Wilkin and McCoy.

The opposition was led by Senators Poyneer, Gault, Wolfe, Wilkin, McCoy and Cassett. Senators Wilkin and McCoy supported the bill after they had gained their points. The serious amendments adopted came from Gault, Wilkin and McCoy. The one from Gault cut the fees so as to render the bill inoperative. The one by Wilkin, supported by McCoy and others, is not as serious as was at first supposed, and in fact it does not materially weaken the law. This amendment called forth the strongest attack made in the Senate. The McCoy amendment was for the magnetic healer. All these amendments were carried by a large majority.

It was afterwards discovered that the Senate did not understand the sweeping character of the Gault amendment, and that the author of the amendment, Senator Gault did not realize its sweeping character. Senator Gault's opposition was decidedly mean and personal in its character. The writer is charitable enough, and has some evidence, though not sufficient, to show that Senator Gault had been misinformed, and that he was laboring under a mistake. While this might excuse his opposition, and the motive for his amendment, it could not excuse him for the methods he employed. The bill, as amended, was put upon its final passage, and passed by the following vote:

Yeas—Barrett, Bayless, Bloom, Bolter, Cadwell, Carr, Carson, Casey, Chambers, Chubb, Clark, Deal, Dodge, Donnan, Dooley, Doud, Duncan, Gatch, Glass, Hutchinson, Knight, McCoy, McDonough, Miles, Parrott, Poyneer, Robinson, Schmidt, Scott, Stephens, Sutton, Sweeney, Weber, Whaley, Wilkin, Woolson.

Nays—Cheseboro, Earle, Hendrie, Whiting, Wolfe.

Absent or not voting—Burdick, Cassatt, Gault, Henderson, Johnson, Reiniger, Ryder, Underwood, Young.

The following is the vote on the serious amendments—the McCoy and Wilkin, (the Gault was *viva voca*):

Yeas—Bloom, Bolter, Burdick, Carr, Carson, Chambers, Chubb, Clark, Dodge, Donnan, Dooley, Doud, Duncan, Earle, Gatch, Gault, Glass, Henderson, Hendrie, Hutchison, Johnson, McCoy,

McDonough, Parrott, Poyneer, Robinson, Sweeney, Whiting, Wilkin, Wolfe.

Nays—Barrett, Bayless, Caldwell, Cheseboro, Deal, Knight, Miles, Ryder, Scott, Stephens, Sutton, Underwood, Weber, Young.

The bill, as amended, went back to the House, where its friends accepted the Caldwell amendment, restoring the obstetric clause, the amendment reducing the time to five years, and the Wilkin amendment, refusing to concur in the balance. A conference committee was appointed, consisting of Wilbur, Butler, of Cherokee, and Welch. The Senate appointed a conference committee, Caldwell, McCoy and Bolter, to confer with the House committee. This joint committee removed the objectional amendments and returned an unanimous report to the Senate and House. The House adopted the report by a vote of 61 yeas to 9 nays, and the Senate without a dissenting vote. It was finally placed in Gov. Larrabee's hands. Its friends, becoming uneasy, looked the bill up, and discovered that the Governor absolutely refused to "sign it under any consideration, as it contains provisions that should not be in any law." There was no further explanation, and he said if he had seen it one day sooner he would "send it up stairs" (*veto it.*) *The time had expired by ONE DAY ONLY* for the veto. It was finally passed to the Secretary of State, and it will become a law.

A BILL, FOR AN ACT TO REGULATE THE PRACTICE
OF MEDICINE AND SURGERY IN THE
STATE OF IOWA.

Be it Enacted by the General Assembly of the State of Iowa:

SECTION 1. That any person practicing medicine, surgery or obstetrics, in any of their departments, within this State, shall possess the qualifications required by this act. If a graduate in medicine such person shall present his or her diploma to the State Board of Examiners, for verification as to its genuineness. If the diploma is found genuine and is issued by a medical school legally organized and in good standing, of which the State Board of Examiners shall determine, and if the person presenting and claiming such diploma be the person to whom the same was originally

granted, then the State Board of Examiners shall issue its certificate to that effect signed by not less than five physicians thereof, representing one or more physicians of the schools on the Board, and such certificate shall be conclusive as to the right of the lawful holder to practice medicine, surgery and obstetrics within this State. If not a graduate the person practicing medicine or surgery within this State, unless he or she shall have been in continuous practice in this State for a period of not less than five years, of which he or she shall present to the State Board of Examiners satisfactory evidence in the form of affidavits, shall appear before said State Board of Examiners and submit to such examination as said Board may require. All examinations shall be conducted in writing, and all examination papers, together with the reports and action of the Examiners thereon, shall be preserved as a record of the Board for a period of five years, during which time they shall remain open for inspection at the office of the said State Board of Examiners. Such examinations shall be in anatomy, physiology, general chemistry, pathology, therapeutics, principles and practice of medicine, surgery and obstetrics. *Provided*, that each applicant upon receiving from the Secretary of the Board an order for an examination shall receive also a confidential number which he or she shall place upon his or her examination papers so that when said papers are passed upon by the Examiners, the latter shall not know by what applicant said papers have been prepared. That upon each day of examination all candidates be given the same set or sets of questions. It is further provided that the examination papers shall be marked upon the scale of one hundred (100), and that in order to secure a license, it shall be necessary for the applicant to attain such average as shall hereafter be determined by the State Board of Examiners. And if such examination be satisfactory to at least five physicians of said Board, representing the different schools of medicine on the Board, the Board shall issue a certificate which shall entitle the lawful holder thereof to all the rights and privileges herein provided, and the physicians and the Secretary of the State Board of Health shall constitute and be deemed a Board of Examiners for the purpose of this act.

SEC. 2. The State Board of Examiners shall procure a seal

within sixty days after the passage of this act, and through the Secretary of said Board shall receive applications for certificates and examinations. The President, or any member of the Board, shall have the authority to administer oaths and take testimony in all matters relating to their duties as examiners aforesaid. The Board shall provide three forms of certificates: One for persons in possession of genuine diplomas, one for candidates examined by the Board, and one for persons who have practiced medicine or surgery in any of its departments for five years as provided in this act. Said certificate shall be signed by not less than five physicians of the Board, and this number may act as Examining Board in the absence of the full Board, provided that one or more members of the different schools of medicine represented in the State Board of Health shall also be represented in the Board of Examiners. The Board of Examiners shall hold meetings at such places as will best accommodate applicants residing in different portions of the State, and at such time as they shall deem best, and due notice of the time and place of such meeting shall be published.

SEC. 3. The Board shall examine all diplomas submitted to them for such purpose to determine their genuineness and the rightful ownership of the person presenting the same. The affidavit of the applicant and holder of any diploma that he or she is the person therein named, and is the lawful possessor thereof, shall be necessary to verify the same, with such other testimony as the Board may require. Diplomas and accompanying affidavits may be presented in person or by proxy. If the diploma shall be found genuine, and in possession of the person to whom it was issued, the State Board of Examiners shall, upon the payment of a fee of two dollars, to the Secretary of the Board, issue a certificate to the holder of such diploma, and no further fee shall be demanded or collected from said applicant by said Board for such certificate. If the diploma shall be found to be fraudulent, or not lawfully in the possession of the holder or owner thereof, the person presenting such diploma or holding or claiming possession thereof, shall be deemed guilty of a misdemeanor, and on conviction thereof, before any court of competent jurisdiction, be fined not less than twenty dollars nor more than one hundred dollars.

SEC. 4. Every person holding a certificate issued by the State Board of Examiners, shall, within sixty days after the date of such certificate, have the same recorded in the office of the County Recorder, in the county wherein he resides, and should he remove from one county to another to practice medicine, surgery or obstetrics, his certificate must be recorded in the county to which he removes. The County Recorder shall indorse upon the certificate the date of record, and he shall be entitled to charge and receive a fee of fifty cents for his services, to be paid by the applicant.

SEC. 5. The County Recorder shall record in a book provided for that purpose, a complete list of the certificates presented for record, and the date of their issue by the State Board of Examiners. If the certificate is issued by reason of a diploma, the name of the medical college conferring the same, and the date when conferred shall be recorded; and when such certificate shall have been granted upon the examination of the Board, or because of five years' practice in the State, such fact shall be recorded. Said records shall be open for inspection during business hours.

SEC. 6. Candidates for examination shall pay in advance to the Secretary of the State Board of Examiners, a fee of ten dollars, which fee, together with the fees received for certificates, shall defray the entire expense of the aforesaid Board of Examiners, and the balance shall be turned over to the State Treasurer for the benefit of the school fund, except such an amount as will pay each member of the Board ten dollars (\$10) per day during the time he is in actual attendance upon the session of the said Board for the purpose of performing the duties required of him under this act, and as will pay the Secretary of said Board such a salary as they may allow, not to exceed five dollars per day during the time he is actually engaged in performing the work of the Board under this act, and each member of the Board of Examiners shall also receive a sufficient amount to defray his actual and necessary expenses while in the discharge of the duties herein provided. Any one failing to pass the required examination, shall be entitled to a second examination within twelve months without fee. Provided that any applicant for examination by notice in writing to the Sec-

retary shall be entitled to an examination within three months from the time of said notice, and a failure to give such opportunity, shall entitle such applicant to practice without the certificate required by this act, until the next regular meeting of said Board.

SEC. 7. The State Board of Examiners may refuse to grant a certificate to any person, who has been convicted of a felony committed in the practice of his profession, or in connection therewith, may revoke certificates for like cause, or for palpable evidence of incompetency, and such refusal or revocation shall prohibit such person from practicing medicine, surgery and obstetrics, *provided*, such refusal or revocation of a certificate can only be made with the affirmative vote of at least five physicians of the State Board of Examiners, in which number shall be included one or more members of the different schools of medicine represented in said Board; *and provided further*, that the standing of a legally chartered medical college from which a diploma may be presented, shall not be questioned by a like vote.

SEC. 8. Any person shall be deemed as practicing medicine, surgery or obstetrics, or a physician, within the meaning of this act, who shall publicly profess to be a physician, surgeon or obstetrician and assume the duties, or who shall make a practice of prescribing or of prescribing and furnishing medicine for the sick, or who shall publicly profess to cure or heal, by any means whatsoever, but nothing in this act shall be construed to prohibit students of medicine, surgery or obstetrics from prescribing under the supervision of preceptors, or gratuitous service in case of emergency, nor shall this act tend to prohibit women who are at this time engaged in the practice of mid-wifery, nor to prevent the advertising, selling or prescribing natural mineral waters flowing from wells or springs nor shall this act apply to surgeons of the United States army and navy, and marine hospital service, nor to physicians who have been in practice in this State for five consecutive years, three years of which time shall have been in one locality; *provided*, such physician shall furnish the State Board of Examiners satisfactory evidence of such practice, and shall procure the proper certificate as provided in this act, and for which certificate such physician shall pay to the Secretary of the State Board of

Examiners a fee of two dollars, and the Board shall issue to the applicant such certificate, nor shall this apply to registered pharmacists when filling prescriptions, nor shall it be construed to interfere with the sale of patent or proprietary medicines in the regular course of trade.

SEC. 9. Any person who shall practice medicine or surgery within this State, without having complied with the provisions of this act, and who is not embraced in any of the exceptions, or after being prohibited from so doing, as provided in section 7 of this act, shall be deemed guilty of a misdemeanor, and shall, on conviction thereof, be punished by a fine of not less than fifty nor more than one hundred dollars, or by imprisonment in the county jail not less than ten days, nor more than thirty days.

SEC. 10. Any person who shall file, or attempt to file, with the State Board of Examiners, as his or her own, the diploma of another person, or who shall file or attempt to file with the County Recorder the certificate of another person as his or her own, or who shall file or attempt to file a diploma or certificate with the true name erased therefrom and the claimant's name inserted, or who shall file or attempt to file any forged affidavit of identification, shall be deemed guilty of the crime of forgery.

SEC. 11. The penalties, as provided in this act, for violations thereof, shall not be enforced prior to the first day of January, A. D. 1887.

SEC. 12. All acts or parts of acts in conflict with this act, are hereby repealed.

SOCIETY REPORTS.

MITCHELL COUNTY MEDICAL SOCIETY.

OSAGE, IOWA, Jan. 20, 1886.

The twenty-fifth annual meeting of the Mitchell County Medical Society met at the office of Drs. Chase & Whitley, Osage, January 20, 1886. Although a large number were in attendance, owing to the severity of the weather and the impassable condition

of the roads, no ladies were present while a few of the members were absent.

A large number of interesting cases were reported and earnestly discussed; and the following officers were chosen for the ensuing year:

Dr. M. L. Cutler, President; Dr. A. H. Moore, Vice President; Dr. S. B. Chase, Secretary; Dr. W. F. Cobb, Treasurer; Drs. Whitley, Bundy and Gable, Censors; Drs. Bundy and Whitley, Delegates to American Medical Association, St. Louis; Drs. S. B. Chase and Gable, Delegates to State Medical Association, Des Moines; Drs. Blackman and Rolfe, Delegates to Cedar Valley Medical Society; Drs. Fellows and Brainard, Delegates to Upper Cedar Valley Medical Society.

The semi-annual meeting in July to be called by the Secretary.

S. B. CHASE,
Secretary.

F. W. CUTLER,
President

SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, IOWA, March 11, 1886.

The regular meeting of this Society was called to order in the Academy of Sciences, at 7:30 P. M., the President, Dr. Braunlich, in the chair.

The members present were: Drs. Braunlich, Crawford, Preston and Nichols; students, Smith and Oliver.

The minutes of the previous meeting were read and approved.

On motion of Dr. Crawford, in view of the sparse attendance, the reading of the paper was postponed until the next regular meeting.

The Society then proceeded to the election of delegates to the American Medical Association, which resulted in the choice of Dr. Margaret A. Cleaves, of Des Moines, who is an honorary member; Dr. Stella B. Nichols and Dr. Preston.

There being no further business, on motion, the Society adjourned.

H. A. BRAUNLICH, *President.*

STELLA B. NICHOLS, *Secretary.*

EDITORIAL.

NOTES.

Papers, Reports of Cases, Society Reports and other matters that have been crowded out of this number will appear in the next, which is already in press, and will follow this immediately.

* *

Dr. P. N. Woods, of Fairfield, is dead. He has long been identified with professional progress. No one took a greater interest in the success of the Medical Law just passed, than he. The sands of his life ran out before this interest was satisfied. In the next issue will be found a brief sketch of his life.

* *

The Pharmacy Bill has passed, somewhat amended, but it still retains its principal features. THE REPORTER congratulates the druggists of the State on their success, although it cannot feel very friendly to the Commissioners of Pharmacy. It firmly believes that the great majority of the druggists will so use their privileges that the most exacting prohibitionist cannot complain, and it sincerely hopes that they will so exercise the authority invested in them, by virtue of their bill, as to make the balance conduct themselves in like manner. It is now so late in the session that the "Committee Bill" will never come to the surface. With the death of this bill, all antagonism to the druggists ceases. The druggists should remember that not only are the eyes of the medical profession upon them, but also the eyes of the people of Iowa. They should live up, not only to the letter of the law, but to its spirit. They should do more. They should be as particular about handling and dispensing the best and purest quality of alcoholic liquors, as they are in the finest drugs.

* *

Those members of the medical profession who receive a copy of this number of THE REPORTER, and who are not regularly receiv-

ing it, are invited to accept this as a complimentary number, containing the Medical Law. Inclosed within its pages they will find a blank subscription, which, should they feel so disposed as to fill out and return, it would be thankfully received.

* *

In this issue, the writer has furnished a sketch of Medical Legislation. In it, he refrains from making comment, other than is absolutely necessary to express the public thought and fact. The Medical Law, as finally passed, may not contain all that the profession would wish, and it certainly does not, if considered from a strictly professional standpoint: but if taken from that position from which the medical profession are acting,—the same degree of fairness as the guardians of the people, as guardians of their own interests,—they must agree with the writer, that in this bill, they have all they can reasonably ask for, excepting, possibly, two or three points. The object of this bill is to protect the people, and the physicians, not as physicians, but as a part of the people. It is not intended as a means to elevate the medical profession, but only to give the profession an opportunity to elevate itself. From an old file of THE REPORTER, will be found these words: “We believe in Medical Legislation; we also believe that it must be free from apparent or real Class Legislation.” * * “The object of all Legislation should be for the benefit of the greatest possible number.” * * “The elevation of the profession should be left to itself.” * * This was our platform, expressed in different ways at different times. Early in 1885, THE REPORTER added an additional plank to its platform. “It does not intend to let it (Medical Legislation) remain idle long at a time, until it has become permanently and definitely settled.” All of these planks, except one, are now laid quietly away, having done their duty and served their time. This one, “The elevation of the profession should be left to itself,” it retains, adding to it the following: It will not let this remain idle long at a time until the profession has elevated itself by elevating the standard of medical education, and

by elevating the standard and requirements of membership to the District, County, and State Societies. Is it needed by the people? Is it desired by the profession? The common expression, "There are as many quacks in the profession as out of it," THE REPORTER is sorry to admit, has too much truth in it. In answer to the second, THE REPORTER has only to recall the many conversations had on the subject with leading members of the profession, from all parts of the State, members of the "Different Schools of Medicine," and to turn to the correspondence on its files. It can truthfully say that the desire to elevate the standard of the medical profession, was greater, and is greater than was, and is the desire for Medical Legislation. The profession have united and accomplished the one. It should teach them that they have the power to accomplish the other. An united effort from all classes of the profession, (without which, nothing could have been accomplished in the late struggle,) can accomplish this second desire as readily as it did the first. Now, that our Medical Bill has become a law, THE REPORTER proposes to keep the members of the profession posted in regard to its work, and it pledges itself to use all its influence, and with the assistance of the profession and the people, it will see that the law is enforced. It would be amiss, and an injustice to drop the subject of Medical Legislation without some comments on the bill, and without giving praise and censure where it belongs. The facts, already given, can admit of little or no change. The motives will admit of a variety of construction. After the bill has been carefully examined by good legal talent, and after the resentment against its antagonists is cooled, and all the facts definitely settled, THE REPORTER will make due comment. THE REPORTER extends its congratulations to all the members of the medical profession of whatever school, and to the people. It also thanks, for the Central Committee, all who have assisted them in their work.

The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, MARCH, 1886.

No. 7.

ORIGINAL ARTICLE.

LAWS PASSED BY THE XXIST GENERAL ASSEMBLY RELATING TO THE RIGHTS AND POWERS OF PHYSICIANS IN THE SALE AND DISPEN- SATION OF ALCOHOLIC LIQUORS AS A MEDICINE.

BY F. E. CRUTTENDEN, M. D., DES MOINES, IOWA.

Three different laws have been passed, all of which contribute to rights herein to be set forth. The first of these laws is the "Clark Bill," amendatory to the prohibitory law, of which the following are such sections as are relevant, the lines italicized have direct connection:

SEC. 8. In all actions, prosecutions and proceedings under the laws of this State prohibiting the illegal manufacture and sale of intoxicating liquors, the finding of such liquors, *except in the possession of one legally authorized to sell the same or except in a private dwelling house*, which does not include, or is not used in connection with a tavern, public eating house, restaurant, grocery or other place of public resort, shall be presumptive evidence that such liquors were kept for illegal sale; and proof of actual sale shall be presumptive evidence of illegal sale.

SEC. 10. That section 1553 of the code, as amended and substituted by chapter 143 of the acts of the Twentieth General Assembly, be and the same is hereby repealed, and the following enacted in lieu thereof: Section 1553. If any express company, railway company, or any agent or person in the employ of any express company or railway company, or of any common carrier, or of any person in the

employ of any common carrier, or if any other person knowingly bring within this State for any other person or persons or corporation, or shall knowingly transport or convey between points, or from one place to another within this State, for any other person or persons or corporation, any intoxicating liquors without first having been *furnished with a certificate from and under the seal of the county auditor of the county to which said liquor is to be transported or is consigned for transportation, or within which it is to be conveyed from place to place, certifying that the consignee or person to whom said liquor is to be transported, conveyed or delivered is authorized to sell such intoxicating liquors in such county.* Such company, corporation, or person, shall, upon conviction thereof, be fined in the sum of one hundred dollars for each offense and pay costs of prosecution, and the costs shall include a reasonable attorney fee to be assessed by the court, which shall be paid into the county fund, and stand committed to the county jail until such fine and costs of prosecution are paid. The offense herein defined shall be held to be complete and shall be held to have been committed in any county of the State, through or to which said intoxicating liquors are transported, or in which the same is unloaded for transportation or in which said liquors are conveyed from place to place or delivered. *It shall be the duty of the several county auditors of this State, to issue the certificate herein contemplated to any person having such permit, and the certificate so issued shall be truly dated when issued, and shall specify the date at which the permit expires as shown by the county records.*

SEC. 13. *All acts and parts of acts, inconsistent with this act, are hereby repealed * * **

The second, is the pharmacy law, as amended, with the special parts italicised as in the other.

IOWA PHARMACY LAW, AS AMENDED BY THE XXIST GENERAL ASSEMBLY.

Be it Enacted by the General Assembly of the State of Iowa:

SECTION 1. That from and after the passage of this act it shall be unlawful for any person, not a registered pharmacist within the meaning of this act, to conduct any pharmacy, drug store, apothecary shop or store for the purpose of retailing, compounding or dispensing medicines or poisons for medical use, except as hereinafter provided.

SEC. 2. That it shall be unlawful for the proprietor of any store or pharmacy to allow any person except a registered pharmacist to compound or dispense the prescriptions of physicians, or to retail or dispense poisons for medical use, except as an aid to, and under the supervision of, a registered pharmacist. Any person violating the provisions of this section shall be deemed guilty of a misdemeanor, and, on conviction thereof, shall be liable to a fine of not less than twenty-five dollars, nor more than one hundred dollars for each and every such offense.

SEC. 3. The Governor, with the advice of the executive council, shall appoint three persons from among the most competent pharmacists of the State, all of whom shall have been residents of the State for five years, and of at least five years' practical experience in their profession, who shall be known and styled as

the commissioners of pharmacy for the State of Iowa; one of whom shall hold his office for one year, one for two years, and the other for three years, and each until his successor shall be appointed and qualified; and each year thereafter another commissioner shall be appointed for three years, and until a successor be appointed and qualified. If a vacancy occur in said commission, another shall be appointed, as aforesaid, to fill the unexpired term thereof. Said commissioners shall have power to make by-laws and all necessary regulations for the proper fulfillment of their duties under this act, without expense to the State. (Except that the Secretary of State is authorized to furnish said commissioners with stationery and blanks necessary for their office. And said commissioners are authorized to administer oaths, and take and certify the acknowledgments of instruments in writing.)

SEC. 4. The commissioners of pharmacy shall register in a suitable book, a duplicate of which is to be kept in the Secretary of State's office, the name and places of residence of all persons to whom they issue certificates, and dates thereof. Druggists and pharmacists who are registered without examination forfeit their registration when they have voluntarily sold, parted with, or severed their connection with the drug business for a period of two years at the place designated in certificate of registration; should such party who has thus forfeited his registration wish to re-engage in the practice of pharmacy, he is required to be registered by examination as per section 5. Every registered pharmacist who desires to continue his profession, shall, on or before the 22d day of March of each year, pay to the commission of pharmacy the sum of one dollar, for which he shall receive a renewal of his certificate unless his name has been stricken from the register for violation of law. It shall be the duty of each registered pharmacist, before changing his locality as designated in his certificate of registration, to notify the Secretary of the commission of pharmacy of his new place of business, and for recording the same and certification thereto the Secretary shall be entitled to receive fifty cents for each certificate. It shall be the duty of every registered pharmacist to conspicuously post his certificate of registration in his place of business. Any person continuing in business, who shall fail or neglect to procure his renewal of registration, or who shall change his place of business without complying with this section, or who shall fail to conspicuously post his certificate of registration in his place of business, shall for each such offense be liable to a fine of ten dollars for each calendar month during which he is so delinquent.

SEC. 5. That the said commissioners of pharmacy shall, upon application, and at such time and place, and in such manner as they may determine, examine, either by schedule of questions, to be answered and subscribed to under oath, or orally, each and every person who shall desire to conduct the business of selling at retail, compounding or dispensing drugs, medicines or chemicals for medicinal use, or compounding, dispensing physicians's prescriptions as pharmacists, and if a majority of said commissioners shall be satisfied that said person is competent and fully qualified to conduct said business of compounding or dispensing drugs, medicines or chemicals for medicinal use, or to compound and dispense physicians's prescriptions, they shall enter the name of such person as a registered pharmacist in the book provided for in section 4 of this act; and that all graduates in pharmacy, having a diploma, from an incorporated college or school of pharmacy, that re-

quires a practical experience in pharmacy of not less than four years before granting a diploma shall be entitled to have their names registered as pharmacists by said commissioners of pharmacy without examination.

SEC. 6. That the commissioners of pharmacy shall be entitled to demand and receive from each person whom they register and furnish a certificate as a registered pharmacist, without registration, the sum of two dollars; and from each and every person whom they examine orally, or whose answers to a schedule of questions are returned subscribed to under oath, the sum of five dollars, which shall be in full for all services. And in case the examination of said person shall prove defective and unsatisfactory, and his name not be registered, he shall be permitted to present himself for re-examination within any period not exceeding twelve months next thereafter, and no charge shall be made for such re-examination.

SEC. 7. Every registered pharmacist shall be held responsible for the quality of all drugs, chemicals and medicines he may sell or dispense with the exception of those sold in the original packages of the manufacturer, and also those known as "patent medicines;" and should he knowingly, intentionally and fraudulently adulterate, or cause to be adulterated, such drugs, chemicals or medical preparations, he shall be deemed guilty of a misdemeanor, and upon conviction thereof be liable to a penalty not exceeding one hundred dollars, and in addition thereto, his name be stricken from the register.

(SEC. 8. *Pharmacists whose certificates of registration are in full force and effect, shall have the SOLE right to keep and sell under such regulations as have been or may be establish from time to time by the commissioners of pharmacy, all medicines and poisons, including intoxicating liquors only for the actual necessities of medicine;* provided that such pharmacists shall have procured permits therefor as hereinafter prescribed. Provided further, that nothing herein contained shall be so construed as to shield the person who in anywise abuses this trust, for the legitimate and actual necessities of medicine only, from the utmost rigors of the law, now or hereafter in force relating to intoxicating liquors, and in addition thereto, for a second violation thereof, his name shall be stricken from the register by the commissioners of pharmacy upon receipt of transcript of conviction, which shall be transmitted by the court or by order of the court, before whom conviction is had. Twenty-five per cent of all moneys recovered as fines under the provisions of this act shall be paid into the State treasury, and reported to the State Auditor, and held subject to the order of the commissioners of pharmacy as needed, to be by them used solely to defray the expenses of prosecutions, under, and the enforcement of this act or acts to which this is amendatory. In order to procure a permit to sell intoxicating liquors as aforesaid and a shipping permit he shall present to such board of supervisors a petition signed by at least one-fourth of the freeholders having the qualifications of electors of the township, town or ward wherein such business is located, certifying that the registered pharmacist applying is a person of good moral character, is not a minor and is, and for the six months last preceding has been lawfully conducting a pharmacy as proprietor in such township, town or ward, and that they believe him to be a proper person to buy and sell intoxicating liquors for the purposes named in this act. The board being satisfied that all the provisions of the law have been complied with, a permit shall be

issued. Provided, however, that any resident of the township, town or ward may appear and show cause why such permit should not be granted, and the same shall be refused unless the board are fully satisfied that all the requirements of the law have been complied with, ten days' notice of the time of granting such permit having been given by publication in a newspaper published in the county, or by posting notices in the township, town or ward in which the business is to be conducted. *The County Auditor shall issue to such pharmacist his certificate of registration and his permit to buy and sell being in full force and effect, a permit to receive intoxicating liquors within the county in which he does business, and the presentation of said permit to any railway company, express company or common carrier within the borders or traversing the territory of the State, shall convey full authority to receive, transport and deliver intoxicating liquors to the person named in such permit; provided, that such permit shall be for specified packages and kinds of liquors, and that a certified copy of such permit shall be kept in the office of the Auditor issuing the same. The commissioners of pharmacy shall, on the revocation or forfeiture of any certificate of registration, subsequent to their last biennial report or abstract of the State pharmacy register, report such revocation or forfeiture to the County Auditor of the county wherein such certificate was last in force. On or before the tenth day of each month said pharmacist shall make to the County Auditor a complete report, verified by his affidavit specifically showing all sales of intoxicating liquors made during the preceding calendar month, to whom sold, and the purpose for which the same was to be used as represented by duplicate applications executed by each purchaser. The registered pharmacist to whom application is made shall refuse to execute the same, if he has reason to believe the application is not made in good faith, and that the liquor would be used as a beverage. He shall not accept an application from a minor or from any person who is in the habit of becoming intoxicated, or when any relative of such person has given written notice to said pharmacist that such person uses intoxicating liquor as a beverage. The drinking of intoxicating liquor in a pharmacy, whether under a permit or not, shall be presumptive evidence that the same was sold or given away by such pharmacist contrary to law.)*

SEC. 9. It shall be unlawful for any person, from and after the passage of this act, to retail any poisons enumerated in schedules "A" and "B," except as follows:

SCHEDULE A.

Arsenic, and its preparations, corrosive sublimate, white precipitate, biniodide of mercury, cyanide of potassium, hydrocyanic acid, strychnia, and all other poisonous vegetable alkaloids, and their salts, essential oil of bitter almonds, opium and its preparations except paregoric and other preparations of opium containing less than two grains to the ounce.

SCHEDULE B.

Aconite, belladonna, colchicum, conium, nux vomica, henbane, savin, ergot, cotton root, cantharides, creosote, digitalis, and their pharmaceutical preparations, croton oil, chloroform, chloral hydrate, sulphate of zinc, mineral acids, carbolic

acid, oxalic acid, without distinctly labeling the box, vessel or paper in which the poison is contained, and also the outside wrapper or cover, with the name of the article, the word "poison," and the name and place of business of the seller. Nor shall it be lawful for any person to sell or deliver any poison enumerated in schedules "A" and "B" unless, upon due inquiry, it be found that the purchaser is aware of its poisonous character, and represents that it is to be used for a legitimate purpose. Nor shall it be lawful for any registered pharmacist to sell any poisons included in schedule "A" without before delivering the same to the purchaser, causing an entry to be made, in a book, kept for that purpose, stating the date of sale, the name and address of the purchaser, the name of the poison sold, the purpose for which it is represented by the purchaser to be required, and the name of the dispenser, such book to be always open for inspection by the proper authorities, and to be preserved for at least five years. The provisions of this section shall not apply to the dispensing of poisons, in not unusual quantities or doses, upon the prescriptions of practitioners of medicine. Nor shall it be lawful for any licensed or registered druggist or pharmacist to retail, or sell, or give away, any alcoholic liquors or compounds as a beverage, and any violations of the provisions of this section shall make the owner or principal of said store or pharmacy liable to a fine of not less than twenty-five dollars, and not more than one hundred dollars, to be collected in the usual manner; and, in addition thereto, for repeated violations of this section his name shall be stricken from the register.

SEC. 10. ANY ITINERANT VENDER OF ANY DRUG, NOSTRUM, OINTMENT OR APPLIANCE OF ANY KIND, INTENDED FOR THE TREATMENT OF DISEASES OR INJURY, WHO SHALL BY WRITING, OR PRINTING, OR ANY OTHER METHOD, PUBLICLY PROFESS TO CURE OR TREAT DISEASES, OR INJURY, OR DEFORMITY, BY ANY DRUG, NOSTRUM, OR MANIPULATION, OR OTHER EXPEDIENT, SHALL PAY A LICENSE OF ONE HUNDRED DOLLARS PER ANNUM, TO BE PAID TO THE TREASURER OF THE COMMISSIONERS OF PHARMACY, WHEREUPON THE SECRETARY OF SAID COMMISSION SHALL ISSUE SUCH LICENSE FOR ONE YEAR. Any person violating this section shall be deemed guilty of a misdemeanor, and shall, upon conviction, pay a fine of not less than (one hundred dollars, nor more than two hundred dollars.) All moneys received for license to be reported to the Auditor of State. The sum of (two) thousand dollars per year, or as much thereof as may be necessary, is hereby appropriated out of the moneys so received for license for the expenses of said commission, all exceeding said amount to be paid into the State Treasury.

SEC. 11. That any person who shall procure, or attempt to procure, registration for himself or for another under this act, by making, or causing to be made, any false representations, shall be deemed guilty of a misdemeanor, and shall upon conviction thereof, be liable to a penalty of not less than twenty-five, nor more than one hundred dollars, and the name of the person so fraudulently registered shall be stricken from the register. Any person, not a registered pharmacist, as provided for in this act, who shall conduct a store, pharmacy, or place for retailing, compounding or dispensing drugs, medicines or chemicals, for medicinal use, or for compounding or dispensing physicians's prescriptions, or who shall take, use or exhibit the title of registered pharmacist shall be deemed guilty of a mis-

demeanor, and upon conviction thereof, shall be liable to a penalty of not less than fifty dollars, nor more than two hundred dollars.

(SEC. 12. *Physicians dispensing their own prescriptions only, are not required to be registered pharmacists; provided, that nothing in this act shall prevent any person not a registered pharmacist, or not holding a permit, from keeping and selling proprietary medicines, and such other domestic remedies as do not include any intoxicating liquors or poisons.*)

SEC. 13. This act being deemed of immediate importance, shall take effect from and after its publication in the *Iowa State Register* and *Iowa State Leader*, newspapers at Des Moines, Iowa.

SEC. 14. All acts and parts of acts in conflict with this act, are hereby repealed.

[NOTE.—The sections and parts of sections in parenthesis are the amendments. The parts in capitals are repealed by sections 8 and 12 of the act to regulate the practice of medicine and surgery. The part in italics connects the medical profession with the sale and dispensation of alcoholic liquors as a medicine.]

The third, is the Medical Law, a copy of which will be found in Vol. III, No. 6. For convenience, I reproduce from the Medical Law parts of section 1, commencing with line thirteen, (as printed in THE REPORTER:)

"And such certificate shall be conclusive as to the right of the lawful holder to practice medicine, surgery and obstetrics within this State."

And commencing in the fourth line from the end of the section:—

"Shall entitle the lawful holder thereof to all the rights and privileges herein provided."

I also reproduce:

"Who has been convicted of a felony committed in the practice of his profession, or in connection therewith."

Which begins in the second line of section 7. The following is the whole of sections 8 and 12. All of the first part of section 8, italicized and capitalized, is the part that repeals, in fact, section 10 of the Pharmacy Law, while the part in capitals have, in addition, the same meaning that the italicized words have in other places in this article. Section 12 is the repealing clause that shuts off complications, and possibly gives almost *unlimited* right of "PRESCRIBING AND FURNISHING MEDICINES."

SEC. 8. *Any person shall be deemed as practicing medicine, surgery or obstetrics, or a physician within the meaning of this act, who shall publicly profess to be a physician, surgeon or obstetrician and assume the duties, or who shall make a*

practice of prescribing OR OF PRESCRIBING AND FURNISHING MEDICINE FOR THE SICK, *or who shall publicly profess to cure or heal, by any means whatsoever*, but nothing in this act shall be construed to prohibit students of medicine, surgery or obstetrics from prescribing under the provision of preceptors, or gratuitous service in case of emergency, nor shall this act tend to prohibit women who are at this time engaged in the practice of midwifery, nor to prevent the advertising, selling or prescribing natural mineral waters flowing from wells or springs, nor shall this act apply to surgeons of the United States army and navy, and marine hospital service, *nor physicians who have been in practice in this State for five consecutive years, three years of which time shall have been in one locality; provided, such physician shall furnish the State Board of Examiners satisfactory evidence of such practice, and shall procure the proper certificate as provided in this act*, and for which certificate such physician shall pay to the Secretary of the State Board of Examiners a fee of two dollars, and the Board shall issue to the applicant such certificate, *nor shall this apply to registered pharmacists when filling prescriptions*, nor shall it be construed to interfere with the sale of patent or proprietary medicines in the regular course of trade.

SEC. 12. ALL ACTS OR PARTS OF ACTS IN CONFLICT WITH THIS ACT, ARE HEREBY REPEALED.

The repealing clauses of the Clark Bill make it unnecessary to go back of its provisions. This bill was approved two days before the Pharmacy Bill, although they were both published, and they came in force at the same time and *before* the Medical Bill became a law.

By carefully examining the parts capitalized in these bills, we find that "one legally authorized to sell" is exempted from its severe penalties, but that if he is not "legally authorized to sell," he can only keep it at his private dwelling house. We find that after one has acquired the right, the County Auditor "*shall*" furnish, upon application, a certificate, granting a common carrier the right to transport liquors to this particular one. The pharmacy law provides that a registered pharmacist shall have the *sole* right to sell all medicines, poisons, including intoxicating liquors, for medicinal purposes. It further provides that the County Auditor "*shall*" *issue a certificate of registration* and a permit for shipment, as provided in the Clark Bill. It then makes an exception to the "sole" right, etc., and permits physicians to have all the rights of a registered pharmacist when furnishing medicines for his patients, except that they are not amenable to the regulations of the pharmacy commissioners, or to those specially provided for registered pharmacists.

The Medical Law provides that if a physician of either of the three classes which it recognizes shall have qualified and holds a certificate to that effect, "such certificate shall be conclusive evidence as to his right to practice medicine, surgery and obstetrics within this State."

It provides that if he is convicted of a felony, this would include selling liquor for other than medicinal purposes, the Board of Examiners may revoke his certificate.

The Medical Law shuts off counter-prescribing, it prohibits "prescribing and furnishing medicine for the sick." Therefore, how are they, the pharmacists, to determine whether they are selling "intoxicating liquors only for the actual necessities of medicine," as is provided in the pharmacy law, unless they sell to physicians, or upon physicians's orders? The medical law goes farther, it says a physician is one "who professes to cure or heal by any means whatsoever." It then exempts registered pharmacists when filling physicians's prescriptions. It thus confines the sale of intoxicating liquors, as medicines, to physicians when "furnishing" it to their patients, and to pharmacists when filling physicians's orders, and general orders that they can determine that the person who makes the purchase for himself or friends needs it for "the legitimate and actual necessities of medicine only."

If the medical law has the effect the writer believes (on account of its becoming a law after the others) it permits a physician to "make a practice of prescribing and furnishing medicine for the sick," and without restrictions other than contained in this law, and it makes it obligatory upon County Auditors to grant permits for selling and shipping to physicians. The reader can trace this up and decide for himself.

No physician, without consulting legal advice, should attempt to take this for granted, as the full effect of the conflict can only be determined by the courts. Should he wish to test the matter, he can do so after July 4th, 1886, by demanding a permit from the County Auditor, who would be obliged to refuse, then, a procedure of law would be instituted to compel the issuance of such a permit.

ANNOUNCEMENTS.

THIRTY-FOURTH ANNUAL MEETING OF THE IOWA STATE MEDICAL SOCIETY.

The XXXIVth annual meeting of the Society will be held at Des Moines, beginning the third Wednesday (19th) of May, 1886. The officers are as follows:

President—D. W. Crouse, Waterloo.

First Vice-President—A. W. McClure, Mt. Pleasant.

Second Vice-President—A. L. Wright, Carroll.

Secretary—J. F. Kennedy, Des Moines.

Assistant Secretary—L. C. Swift, Des Moines.

Treasurer—G. R. Skinner, Cedar Rapids.

The following is the membership for the current year of the standing committees:

Of Arrangements—G. P. Hanawalt, Chairman, Des Moines; C. M. Hobby, Iowa City; L. C. Swift, Des Moines; W. C. Davis, Indianola; Rosa M. Upson, Marshalltown. The balance of this committee to be named by the Chairman.

On Publication—J. F. Kennedy, Des Moines; L. C. Swift, Des Moines; W. D. Middleton, Davenport; J. Williamson, Ottumwa; G. R. Skinner, Cedar Rapids.

On Ethics—H. C. Huntsman, Chairman; F. S. Thomas, S. N. Pierce, William Watson, G. F. Jenkins.

State Medical Board—W. S. Robertson, F. E. Cruttenden, Jennie McCowen.

Revision of Constitution and By-Laws—William Watson, S. E. Robinson, J. F. Kennedy.

On Necrology—1st District, John North; 2d District, L. J. Adair; 3d District, Benjamin McCluer; 4th District, E. S. Brainard; 5th District, W. C. Schultze; 6th District, E. W. Clark; 7th District, H. R. Page; 8th District, F. M. Powell; 9th District, D. Macrae; 10th District, S. W. Moorehead; 11th District, J. Amelia Sherman.

The chairmen of the standing committees on medicine and surgery are as follows:

Medicine—George F. Jenkins, Keokuk, Chairman.

Surgery—H. Ristine, Cedar Rapids, Chairman.

Obstetrics and Gynecology—J. M. Emmert, Atlantic, Chairman.

Materia Medica—I. K. Gardner, New Hampton, Chairman.

Ophthalmology and Otology—F. E. Cruttenden, Des Moines, Chairman.

Microscopy—A. G. Field, Des Moines, Chairman.

Public Health—G. M. Staples, Dubuque, Chairman.

Necrology—The members of this committee are expected to report for their respective Congressional Districts.

The chairmen of the committees above named are requested to meet on the afternoon of the Tuesday preceding the annual meeting, at such place as G. P. Hanawalt, the Chairman of the Committee of arrangements, may designate, for the purpose of arranging program, etc.

The standing committee on medicine has promised the following report:

George F. Jenkins, Keokuk, report; Robert McNutt, Marion, acute forms of dysentery; J. C. Armentrout, Keokuk, hemorrhage into the lateral ventricles of the brain; F. S. Thomas, Carson, diseases sexual organs; S. B. Thrall, Ottumwa, therapeutics and materia medica, 1886.

The standing committee on surgery:

H. Ristine, Cedar Rapids, report. (There are other papers unknown to the writer.)

The standing committee on obstetrics and gynecology:

J. M. Emmert, Atlantic, report; J. M. Knott, Sioux City, death of fœtus at 7th month, from nervous shock, with treatment of the case; M. A. Cleaves, Des Moines, diseases of the reproductive organs in their relation to the nervous and mental health of women; J. C. Shrader, Iowa City, pelvic inflammations; J. O. Scroggs, Keokuk, parturient function of the perineum.

The standing committee on materia medica:

I. K. Gardner, New Hampton, paper; G. W. Moorhead, Keokuk, some indications and contra-indications for the administration of certain medicines.

The standing committee on ophthalmology and otology:

F. E. Cruttenden, Des Moines, report; C. M. Hobby, Iowa City, lesions of the brain and spinal cord, and their relation to ocular surgery; H. B. Young, Burlington, some observations on eye complications of the cerebro-spinal injuries, as illustrated by two interesting cases in recent practice; E. H. Hazen, Davenport, the treatment of the lachrymal apparatus.

The standing committee on microscopy:

A. G. Field, Des Moines, report.

The standing committee on public health:

G. M. Staples, Dubuque, contamination of the potable waters of our river cities; John North, Keokuk, canned goods; A. Reynolds, Clinton, hygiene of public institutions; A. L. Worden, Des Moines, sanitation by fire; G. H. Hill, Independence, impurities in drinking waters.

Any other members of the Society who have prepared, or intend to prepare papers to be read at this meeting, will report the title of such papers to the chairman of the respective sections, and to the Secretary of the State Society.

TRANSACTIONS.

Vol. VI of the Transactions of the Iowa State Medical Society, covering the years of 1883, '4, '5, and '6 are in press, and will be ready for distribution soon.

The following amendment to Article III of the Constitution will be acted upon at the coming meeting:

All auxiliary societies seeking representation in the State Medical Society shall furnish to the Secretary of this Society, on or before the first of March each year, a list of their officers and members, as well as a statement of the time and place of holding their meetings, together with such declaration of their requirements for membership as shall enable the Secretary and Committee of arrangements to judge of their qualifications; and every delegate sent by such auxiliary society, before election to this Society as a permanent member, shall present to the Committee of Arrangements a diploma, giving name, place and date of graduation, or satisfactory evidence of the possession thereof.

In addition to the above official announcement, there will be a report from the committee, "In relation to the Medical Bill or Practice Act."

There will be resolutions introduced providing for the enforcement of the law, regulating the practice of medicine and surgery, resolutions relating to medical education, and resolutions requiring the transactions of the Society to be published within the year following the annual meeting.

AMERICAN MEDICAL ASSOCIATION.

The next annual session of this Association will be held at St. Louis, Mo., May 4, 5, 6 and 7, beginning on Tuesday at 11 A. M. Delegates receiving their credentials herewith, who may be unable to attend, are respectfully requested to return their certificates to the Secretary in order that others may be appointed instead.

The following is a list of delegates from this Society to the American Medical Association:

First District—Drs. F. C. Mehler, J. A. Scroggs, P. N. Woods, J. E. Stone.

Second District—Drs. F. A. Packard, J. K. Milbourne, S. B. Nichols, A. A. Cooling.

Third District—Drs. S. G. Wilson, O. J. Fullerton, D. M. Wicks, N. S. Craig.

Fourth District—Drs. S. E. Robinson, A. D. Bundy, J. W. Smith, J. S. Roome.

Fifth District—Drs. C. M. Hobby, H. Ristine, M. Meredith, J. P. Morrison.

Sixth District—Drs. L. E. Baker, P. N. Woods, A. M. Stark, R. C. Hoffinan.

Sevent District—Drs. T. J. Priestly, W. Hutchinson, J. H. Nicol, J. W. Finarty.

Eighth District—Drs. E. M. Reynolds, W. C. Stillians, J. B. Wilson, W. H. Gibbon.

Ninth District—Drs. D. Macrae, F. S. Thomas, C. F. Darnall, W. F. Graham.

Tenth District—Drs. L. J. Alleman, A. A. Deering, S. W. Moorehead, W. A. Grew.

Eleventh District—Drs. J. A. Sherman, R. E. Coniff, S. A. McNerny, J. P. Savage.

RUSH MONUMENT.

At the last meeting of the American Medical Association it was resolved to erect a monument to Dr. Benjamin Rush—a name endeared to every American physician—at Washington, D. C. Every physician and medical student in the United States has been invited to contribute one dollar for this purpose. Dr. George H. Rolfe, of Baltimore, was appointed chairman of the Rush Monument Committee. J. F. Kennedy has been appointed representative for Iowa to receipt for such sums as may be contributed. It is hoped that Iowa in her contributions will do herself justice. Contributions are solicited from all the members of local societies, whether members of the State Society or not. The Secretaries of the local societies are respectfully requested to forward for their respective societies any sums donated, with the name of the donor.

CORRESPONDENCE.

CAIRO, EGYPT.

APRIL 12, 1886.

Dear Doctor: Before leaving Iowa you secured a partial pledge from me to say something to your readers about the colleges, hospitals and the status of the profession in Europe, and such other countries as I might visit.

This is a good place to commence, and having spent the day under the kindness of Dr. Milton, surgeon in charge of the hospital and Dr. I. Hamdi Pacha, professor of medicine in the college, I am in a fair condition to describe what I have seen.

Cairo is the largest city in Egypt having a population of about five hundred thousand people. The aggregate is made up of Arabs, Egyptians, Greeks, Persians and a few representatives from the

many other nations of the world. The Iowa State Board of Health would be much interested in, how the water supply is furnished and how it is disposed of after having been submitted to human and animal filtration.

The Nile River is the only source of water. This celebrated stream has two epochs during the year, one of dryness and one of over-flow. The inundation is both dreaded and welcomed. The farmer has his ground saturated and his wells filled, and the citizen of Cairo has his under-ground holes and cesspools "swashed" for future germination. The water which the people drink is distributed in three ways:

First.—The common people get their supply direct from the river in buckets, bags, urns and bottles.

Second.—The water works supply fifty thousand people with filtered water. The filtered water runs through two feet of sand which is taken from an ancient cemetery close by. The water looks clear and is, therefore, called pure.

Third.—There being two sets of supply pipes one for filtered water and the other for water which is pumped directly from the Nile to the kitchens, stables, gardens and other common places, should disaster of any kind occur to the reservoir or pumping works, lasting more than thirty-six hours, this arid city would be without a drop of water. No special care is taken to obtain a good supply of water, the river above where the supply is taken, is freely used by animals and human subjects. Debris of all sorts are freely and carelessly thrown into the stream.

There is a good deal of dysentery and typhoid fever here, the cause for which is easily deciphered by the observing medical man. The drainage is all by cesspools so the filth and decomposing matter is always with the tenant or landlord. The English, who now have decided influence in Egypt, have sent a gentleman here to investigate the necessity for better sanitation in connection with sewage. Where the filth will be taken to is the question. The Nile is very sluggish here, and then it goes on down to Alexandria to supply her people with water as well as the thousands of people located on the banks along the way. The average Egyptian or Arab cares nothing about health especially when he finds it necessary to exert

himself for it. Fifty years of age is considered long life here. This does not agree with the times of remote antiquity. The leading hospital is central, on the Nile, two stories high and has accommodations for five hundred patients. Until recently it was a very low, bad place, but under the reorganization management of Dr. Milton and Professor I. Hamdi Pacha, it is doing well and promises better things. The patients are all Mohammedans. The women wear the customary veil and at night are kept under a lock and key, except that Mohammed said that no woman should "show her face to any man except her husband," I have really not been able to see from the looks of the faces which I have noticed, any good reason for covering or concealing them, they are coarse and homely. Perhaps I should be sympathetic, for women here are of little account, they are in no sense a companion for man. It is a question of price and how many a man wants, and how many he can afford to keep.

The present Khedive has only one wife, but he has about fifteen palaces. His father, now in Italy, had four hundred wives, and an abundance of palatial accommodations. There is a good deal of cervical glandular enlargement here. The practice of cutting the glands out, whole-chain, seems to be favorable and successful. The surgeon in charge of the hospital told me that he had operated upon twenty-five cases, and had lost but one case. But then a loss with us is not a loss here. Human life is not very valuable in Egypt. I found in the wards on diseases of women that recto-vaginal fistulæ were very common. Upon minute inquiry the gynecologist told me that the employment of doctors by the Mohammedan women in confinement is very rare, therefore, they have long, tedious labors, causing inflammation of the vaginal (post) glands, which after delivery result in ulceration and perforation—very few vesico-vaginal wounds. They cure lupus by scraping it with a spoon, and immediately after a small place is denuded, a piece of dry cotton is applied to it, and soon after, when the blood stops running, another piece of cotton, saturated with muriated tincture of iron is substituted. This plan is continued until the entire erosion is covered with the iron cotton, over which iodoform is sprinkled and kept on for a week. Whenever a fresh progressive spot is seen, the same treatment is continued. Consump-

tion is left to itself. No favorable resort in Egypt. The matter of water supply in the hospital is a serious one. Every Egyptian urinates sitting, and after performing the function, he must have from one to two pints of water for ablution purposes.

The dry closet is used but it does not work well with this necessity for special washing. In the treatment of fractures the Bavarian splint of plaster of paris is mostly employed. When plaster is not used, they like the old fashioned fracture box which, I suggest, is deserving of much favorable comment.

What a quantity of "sore eyes" are to be seen both on the street and in the hospital! Dr. Valentine Mott, America's greatest surgeon, visited this country about fifty years ago and he then, in writing home, made reference to the "Egyptian Ophthalmia" and spoke of the sand and heat as being the cause of the terrible plague. In the hospital I examined some cases and found conjunctivitis in all of its stages with corneal ulceration to be the principal pathological condition. They are difficult to treat because the patients are prone to uncleanness. The only antiseptic practice is a five per cent solution of mercury bichloride, saturating saw dust which is dried and then used as a dry dressing on the wounds.

Mohammedans are shy of the hospital believing that going to it means death; but when they do die the college has no difficulty in securing material.

Finishing the hospital, Dr. I. Hamdi Pacha took me in charge and showed me all through the college. The building in most of its appointments is the same as is to be seen in most of our American colleges. Much attention is now being paid to practical instruction. It was examination day and the faculty, all Egyptians, were all present. I was invited to participate in the examination but thinking that the "boys" might not understand me I declined. Then we went into a ward where a student was given a case and in ten minutes he was asked for a diagnosis. The examination was well made and "Emphysemia" was found to be the disease.

Now, all in all, I think that these native Egyptians are doing good work. They are not as thorough as we are, but their efforts are in the right direction. Through your good REPORTER I desire a kind remembrance to my Iowa friends,

W. F. PECK.

REPORT OF CASE.

A CASE OF POISONING BY MORPHINE.

BY T. W. SHEARER, M. D., DES MOINES.

O. G., aged 27 years, having tired of the trials of this life, under the depression of a debauch, swallowed a four-ounce solution of morphine, containing one grain to the ounce. Soon after the poison was taken the patient was discovered and medical aid was instantly called.

The patient was found in a profound sleep, with flushed face, the whole body presenting a livid appearance, pupils contracted shut, or at most, a point remaining, breathing stertorous, pulse quick and feeble.

The above symptoms, together with the production of a 4-5 phial, labeled Morph. Sulph., made the method of procedure apparent. An emetic of 30 gr. of sulphate of zinc was prepared, but on attempting to administer it, the jaws were found to be inseparably fixed, as by a tetanic spasm. After a protracted muscular effort the spasm was overcome and the mouth sufficiently opened to administer the emetic. This rough usage, together with the strangulation produced by the emetic, brought about temporary consciousness. Hypodermic injections of atropia sulph. were given at short intervals until the pupils began to dilate, five injections of 1-100 gr. each being given in all. In about fifteen minutes after the sulphate of zinc was given imperfect emesis occurred.

A hypodermatic injection of $\frac{1}{8}$ gr. of apomorphia was given, and in fifteen minutes the injection was repeated with $\frac{1}{4}$ gr., which was followed by prompt and efficient emesis. The patient complained of terrible burning gastric pains, and begged the privilege to lie down.

Large draughts of strong coffee were given, which were rejected by the irritable stomach, and at least served as an admirable means of washing out that organ. The patient was kept in constant motion for four hours, when he had sufficiently recovered to be allowed to rest. In the morning he resumed his duties, which were

those of a clerk, and with the exception of soreness and feeling "broke up," as he expressed it, there were no serious after-effects.

The peculiarities in this case are the general flushing of the body, particularly the face and neck, and the tetanic contraction of the maseter muscles. The former occasionally occurs in morphine poisoning; the latter, which at first suggested the possibility of his also having taken strychnine, was probably due to his determination to resist all treatment, the reflexes retaining the impression sufficiently to produce the spasmodic contracted state of the muscles, during the intervals of consciousness the treatment was performed under protest.

CLINICAL REPORT.

FROM RECORDS OF SURGICAL CLINICS, MEDICAL DEPARTMENT, STATE UNIVERSITY, IOWA.

T. R.; male; aet. 56; farmer; Nevada, Iowa. Was kicked by a horse on the 6th of November, breaking arm below elbow. Joint is stiff now and extended. Injury was within two inches of joint, and was an oblique fracture of ulna. He has also false ankylosis of the joints of all the fingers. Ankylosis of elbow joint. Broke up adhesions and practiced passive motion; the latter to be repeated daily.

Wm. F.; married; aet. 48; Iowa City, Iowa; retired teamster. Trouble commenced December 15. Had swelling on left side of face near angle of lower jaw and above the ramus a sinus formed which is discharging pus. Necrosis. Cut down to bone, scraped it, and put in a seton of oakum; advised patient to keep a seton there till all dead bone had sloughed out.

Joachim Schlofeld; male; aet. 45; farmer; Davenport, Iowa. Left knee much enlarged and swollen. Aspirated and found a bloody fluid. Made explorative incision and found sarcomatous degeneration of tibial surface of femur. Amputation was deemed necessary. It was performed at junction of middle and lower third of femur. Flap operation was made.

Joseph; aet. 6; Lone Tree, Iowa. Has difficulty in breathing, especially during the night. Enlarged tonsils. Removed by operation.

William; single; aet. 21; Moss Station, Iowa. Was here a few years ago and had nasal polypus removed. Is here again with same trouble. Polypus was removed.

Martin L.; aet. 4; Comanche, Iowa. Fell from a gate one year ago. Walked that day, but next day could not get around. He has had pain in left hip ever since, and there is much swelling about the hip. There is flexion of leg on thigh and of thigh on abdomen, and considerable swelling over and below trochanter major. Nates on left side is flaccid. There is pus, and the head of femur is slipping up over ilium. Originally, traumatic inflammation of joint. Exploratory incision made and pus evacuated. Head of femur was found necrosed. Exsection of head of femur was made, and acetabulum scraped. Packed wound with old muslin and iodoform. Put on Budss' extension.

E. H.; aet. 22; dental student; Mount Pleasant, Iowa. Trouble commenced four weeks ago; has suffered from it before. Enlargement on left side of jaw near angle. Inflammation of one of the cervical glands. Advised to let it alone.

Lydia; married; aet. 52; Iowa City, Iowa. Four years ago the elevation not larger than a pin appeared on her lower lip. This continued to grow till now, and has begun giving her pain for the last two years. Angiomata. Advised injection of a few drops of solution of carbolic acid in water. (1-12.)

Peter; male; aet. 57; married; farmer; Oxford, Iowa. Trouble commenced last fall. He has a sore on his lip. A scab formed which would come off occasionally. Complains of sharp, shooting pains. Has symptoms of Epithelioma. Advised to let alone till next fall, and in the meantime to stop smoking.

SOCIETY REPORTS.

POLK COUNTY MEDICAL SOCIETY.

The regular meeting of the Polk County Medical Society was held at 311 Walnut-St., Des Moines, Iowa, March 2, 1886.

The meeting was called to order by the President, Dr. H. R. Page.

The following members were present: Drs. Page, Skinner, Benson, Moore, Kearby, Priestly, Schooler, Finlayson, Currie, Crosswaite and Cokenower.

Drs. Pipino, Montgomery and Le Pondrom were invited to take part in the proceedings.

The Board of Censors reported favorably on the names of Drs. Moore and Clark, who were unanimously elected members of the Society.

The committee on printing the Constitution, By-Laws and Fee-Bill, reported, the bid of Miller, Girton & Watters was accepted by the Society, and the committee continued, with instructions to have 500 copies printed; also 100 copies of the Fee-Bill printed on cardboard.

On motion the Secretary was instructed to refuse copies to members in arrears on dues or assessments; also ordered the Secretary to make an assessment to meet the expense if necessary.

Section II, Surgery, reported.

Dr. Schooler, the chairman, read a very interesting paper on "Tumors." It was received by the Society, and discussed by several members.

Dr. Priestly reported a case of compound depressed fracture of the skull, presenting the patient to the Society. After the discussion, Dr. Benson was elected chairman of Section III, Obstetrics and Gynæcology, with the privilege of selecting his associates. The section to report April 6, 1886.

On motion, adjourned.

J. W. COKENOWER, *Secretary*.

COUNCIL BLUFFS MEDICAL SOCIETY.

COUNCIL BLUFFS, IOWA, March 10, 1886.

The Society met at the usual hour, and was called to order by the President, Dr. Lacy.

The members present were: Drs. Cleaver, Pinney, R. A. Moore, Macrae and White.

Minutes of the previous meeting were read and approved.

Dr. Macrae called the attention of the Society to an ordinance passed by the City Council, requiring physicians to report deaths within twenty-four hours. The subject was pretty thoroughly discussed, and condemned, and finally referred to a committee of two, consisting of Drs. Pinney and Macrae, who were instructed to consult an attorney as to its legality.

Other matters of local interest were taken up and disposed of, pending the arrival of Drs. Green and Burt, essayists for the evening. But these gentlemen, with their characteristic promptitude, failed to appear, and the remainder of the evening was spent in listening to verbal reports of a number of interesting cases by various members.

Adjourned.

COUNCIL BLUFFS, March 24, 1886.

The Society met at the usual time and place, and was called to order by the President, Dr. Lacy.

The members present were: Drs. Pinney, Barstow, Macrae, Deetkin, Cleaver, Lacy and White.

The minutes of the previous meeting were read and approved.

The committee appointed at the last meeting to consult an attorney as to the ordinance passed by the City Council being unable to report, Dr. Macrae moved that the subject be referred to a committee, consisting of the President and one other, with instructions to draw up a petition in the name of the resident members of the Society, and present it to the Council, requesting that body to relieve the physicians of the duties imposed by that ordinance, or else provide for a fee for the making of said report. Carried. Dr. Macrae appointed on the committee.

The remainder of the evening was taken up in listening to the report of the committee on revision of the Constitution and By-Laws, which was completed, and they ordered engrossed for adoption and publication.

The essayists for the evening, Drs. Green and Burt, were conspicuous for their absence.

Adjourned.

J. F. WHITE, *Secretary*.

OBITUARY.

DR. PETER N. WOODS.

The death of Dr. Peter N. Woods has already been announced. He was so well known and so universally liked where known, and he had such a large circle of acquaintances among the profession, that something more than a mere announcement is due to his memory. He died at his home at 2 o'clock A. M., Friday, March 19th. He had been ill for a little over two weeks with pneumonia, resulting from a severe cold. His condition was not generally considered alarming by his friends. He had been suffering for a number of years from chronic diseases, and his system had lost its vigor, and was incapable of resisting this last attack, although he received every assistance that could be rendered to save and prolong his life. Dr. Woods was born in Greenville, Stark county, Ohio, September 8th, 1829. When about 12 years old, his parents removed to a farm in Richland county, Ohio, where he spent all of his early boyhood. He was always a good student, and he sought and obtained such instruction as the schools of that day afforded. In 1848 he entered Vermillion Institute, at Hayesville, Ohio. As a student, he remained there nearly two years, teaching a part of the time in common schools. In 1850 he entered the Ohio Wesleyan University. The following year, he began the study of medicine, entering the office of O. J. Rotsel, an old practitioner, at Rome, Ohio. He graduated in Cincinnati, June 10, 1854. After graduating, he entered into partnership with Dr. Rot-

sel, and continued practice with him at Rome, until May, 1856, when he removed to Iowa, and made his home at Mt. Pleasant, where he has since resided. In 1879 and '80, he took another course of lectures at Rush Medical College, in Chicago, and graduated in Feb. of 1880. In July, 1862, he received a commission as a recruiting officer, and assisted in securing the quota of 300,000 men called for by President Lincoln at that time. He was next appointed in August of the same year, examining surgeon for Jefferson county, and in the following September received a commission as surgeon of the 39th Iowa Infantry.

He left Davenport with his regiment in December, and spent the time until the winter of 1864 with it in the campaigns of Tennessee and Mississippi. Late in 1864 he was appointed surgeon in chief of his division, on the staff of General Sweeney. On the march to Atlanta he had charge of the sick and wounded of the 4th division of the 15th army corps, was surgeon of the division hospital in July, 1864 was at the battle of Altoona, had charge of the hospital at that point when Sherman marched to the sea, and latter was relieved at his own request and joined his regiment at Beaufort. Then he was given the place of chief surgeon of Sherman's provisional division, having 40 surgeons and 10,000 men in his charge, until it was disbanded at Raleigh, N. C., in 1865. He went with his regiment to Washington, and was mustered out of the service at Clinton, Iowa, June 5th, 1865, and returning to this city resumed the practice of his profession.

The following is taken bodily from the *Fairfield Ledger*, from which the main facts in the above are taken.

Dr Woods was married in Richmond county, Ohio, September 14th, 1885, to Miss Mary Wolph, who survives him. Two children were born to them, Harry E. and George C., both of whom now reside in this city. The elder has been associated with his father for several years, while the younger has been a student at Parsons College.

In this community, where Dr. Woods had so long resided and with whose interests and prosperity he has been so strongly identified, it is difficult to say anything which would add to the high esteem in which he was held as a professional man or as a good citizen. He was an industrious worker and a close student during all the

years of his residence here. He early established a successful practice, and with the means at his command ever extended a helping hand to deserving persons and enterprises. With a love for machinery he supplemented the studies of his profession with those of the sciences and mechanics, and it was in a large measure the desire to gratify this taste that led him into the establishment of the Fairfield Woolen Mills, one of our largest and most successful manufacturing enterprises for almost 20 years past. Close application to his practice and business affairs and over study doubtless had much to do with the weakening of his system and made it an easy prey to disease. Few men in Jefferson county had more intimate friendship or were held in higher esteem by the people of the county in general than Dr. Woods. As a husband, father, neighbor, friend—in every relation of life—he was a true man, and one of noble impulses. Public place he never sought, but when once given him he gave it more than deserved attention. As member of the school board, as pension surgeon and in his military life he discharged every obligation with credit to himself. He is gone from amongst us, but his memory will long remain as one of Fairfield's best citizens.

The funeral occurred Monday afternoon. Services were held at at the First M. E. church, of which denomination he had long been a member and trustee. Rev. M. Bamford, the pastor, conducted the services, assisted by Rev. M. E. Dwight of the Congregational church and Rev. Haines. Dr. Woods was a member of the G. A. R., the Masonic fraternity and the Odd Fellows, and these three organizations and the C., B. & Q. Band marched in the procession which followed his remains to the grave, the latter lodge having charge of the funeral. The remains were interred in the Evergreen Cemetery.

It shows to the profession the esteem with which he was valued as a citizen where best known.

Our canvassers will visit all members of the medical profession within the next few weeks, for the purpose of soliciting subscriptions; they are now on the road.—ED.

EDITORIAL.

THE NEW MEDICAL LAW.

SOME OF ITS POWERS—PECULIAR AND CONFLICTING PHRASES.

Strip the act to regulate the practice of medicine and surgery in the State of Iowa of all of its wording, except that which sets forth the powers therein conveyed, and it will readily be seen that the breadth of these powers is ample to give an effective and satisfactory law. Examine its relation to other laws and the havoc it has produced among them, innocently and unintentionally so far as its friends are concerned, will be a surprise and an astonishment to everyone.

Briefly, and within the limits of its intended scope, it requires every person practicing medicine, surgery or obstetrics within this state to possess the qualifications of this act. It defines such a person as one who shall publicly profess to be a physician, surgeon or obstetrician and assume the duties, or who shall make a practice of prescribing or of prescribing and furnishing medicine for the sick, or who shall publicly profess to heal by any means whatsoever.

It recognizes three kinds of physicians, one who is a graduate of a medical college in good standing; one who is not a graduate but can pass a satisfactory examination, and one who has been in continuous practice five years, three of which shall be in one place.

It creates a state board of examiners, composed of the physicians and the secretary of the state board of health. It compels the physician to present his diploma or his affidavit of time with such other evidence as the board shall require, or to pass such a written examination as the board may require in anatomy, physiology, general chemistry, pathology, general therapeutics, principles and practice of medicine, surgery and obstetrics.

It compels the board to issue its certificate to the applicant, provided his diploma, affidavits or examination shall be satisfactory to the board, and such certificate shall be conclusive as to the right of

the lawful owner to practice medicine, surgery or obstetrics, within the meaning of this act and within this State. It compels the board to examine all who present themselves. It gives each member of the board power to administer oaths and to take testimony in matters relating to their duties. It requires the holder of the certificate to register it in the county wherein he resides. It gives the board power to refuse certificates to any person who has been convicted of a felony, committed in the practice of his profession, or in connection therewith; it gives them power to revoke certificates for like causes or for palpable evidence of incompetency; a refusal or revocation shall prohibit such person from practicing medicine, surgery or obstetrics. It permits gratuitous services in emergency. It permits all women who are now in the practice of midwifery to continue. It permits the prescribing and selling of natural mineral waters flowing from wells or springs. It exempts army and navy surgeons. It does not apply to registered pharmacists when filling physicians's prescriptions. It does not interfere with the sale of proprietary medicines in the regular course of trade. It provides suitable penalties for the violation of all or any of its provisions. It repeals all acts or parts of acts in conflict with this act. This law goes into effect on the 4th day of July next. Its penalties cannot be enforced prior to January 1st, 1887.

The friends of the medical law contemplated nothing more, and they desired nothing more than is contained in the above, relating directly to the practice of medicine, surgery or obstetrics. It was only after the bill had become a law that they examined it critically, first to determine the breadth of its powers as expressed in the above, and second to determine its effect upon other laws. The latter discovered the following deplorable (for many reasons) powers brought about by our repealing clause: The first two, and they only, are an exception, they were intended and the REPORTER has no regrets, nor apologies for them. (1) It repeals section 10 of the pharmacy law. (2) It prohibits counter-prescribing. It permits the sale of proprietary or patent medicines in the

regular course of trade, without any restrictions or qualification—that is, they may or may not contain intoxicating liquors—and it repeals all contained in the Clark bill and the Pharmacy law that conflicts. It says that the examining board shall examine all who present themselves; that they shall give them certificates if they are qualified; that these certificates shall give them the right to practice medicine, surgery or obstetrics; that a practitioner of medicine, surgery or obstetrics, or a physician, is one who makes a practice of prescribing or prescribing and furnishing medicine for the sick; (the pharmacy law says physicians filling their own prescriptions are not required to be registered pharmacists;) therefore the physician, after he has his certificate, shall have the right to sell intoxicating liquors for medicinal purposes only, and without other restrictions than are provided for in the medical law. Were there any doubt about the last statement the Clark bill and the pharmacy law removes it. It restricts very materially the pharmacist's sales for medicinal purposes, as his law requires that he shall sell only for the actual necessities of medicine. The law of course (see frequent decisions) requires from him due discretion and exercise of judgment based on data. The medical law prevents him from prescribing, therefor his large sales must come from prescriptions, or he will violate either the pharmacy or medical law. The medical law makes no provision whereby any one or a common carrier may deliver intoxicating liquors to a physician, therefor he must demand, according to the Clark bill and the pharmacy law, of the county auditor a permit to ship, and upon such demand the auditor "shall" issue such permit.

The Clark bill became a law April 5, the Pharmacy bill April 7, and the Medical bill April 9. The pharmacy bill exempts physicians from the restrictions of registered pharmacists and it permits them to dispense their own prescriptions. It is not improbable that any one or a common carrier can deliver intoxicating liquors to physicians for medicinal purposes without a permit. If it be held that the medical law repeals the conflicting parts of the Clark bill and

the pharmacy law, all of the above is true, and patent or proprietary medicines containing intoxicating liquors may be sold as free as water.

Section 16, Constitution of Iowa: Every bill which shall have passed the General Assembly shall, before it becomes a law, be presented to the Governor. If he approve he shall sign it. * *

If any bill shall not have been returned within three days after it shall have been presented to him (Sunday excepted), the same shall be a law in like manner as if he had signed, unless the General Assembly, by adjournment, prevent such return.

The following decisions are also of interest. A statute is not "passed" by the legislature until it is approved by the governor. *The United States ex rel. Jones v. Fanning*, Mor., 348.

The enrolled bill signed by the presiding officers of the general assembly and approved by the governor, is the ultimate and conclusive proof of the legislative will. *Duncombe v. Prindle*, 12 Iowa, 1.

Words and phrases shall be construed according to the context and approved usage of the language; but technical words and phrases, and such others as may have acquired a peculiar and appropriate meaning in law, shall be construed according to such meaning. Chapter 3, section 45, code of Iowa.

The courts alone can decide. The REPORTER can see no other solution. A good way to begin a test of the above would be to demand such a permit after the fourth of July next.

The REPORTER is extremely sorry that the medical law has been the innocent cause of all of these complications, as it must bring such serious opposition to it as will lead to amendments that may not only remove the complications but that may weaken the bill.

IOWA STATE MEDICAL SOCIETY.

Since its last meeting, and through its initiatory steps, the medical profession has taken a position for the people that it has never had before; one that requires qualification of its members, and one

that should stimulate within itself a desire for mutual improvement among its members. Therefore, the coming meeting should have an attendance far in excess of that of any previous meeting. The auxiliary societies should send large delegations. The work of the Society promises to be very interesting. The committee on arrangements are making ample provisions for a large attendance. The customary reduction will be made by the railroads. In addition to the regular work of the Society, there are two classes of work that should receive the Society's careful consideration. One, providing for the united support of its members in the execution of the provisions of the Medical Law, so far as may be necessary to assist the State Board of Examiners in the performance of their duties. If this work is left wholly to this Board, the law will never be made very effective; not on account of any want of interest or ability on the part of the Board, but because the field is so large, and the amount of work so great that it makes a task beyond the possibilities of any single committee. During the next two years, there will be several test cases, with their attendant expenses. The profession are all interested, and while their representatives are assembled in State sessions, they should advise them to make suitable preparation to meet this expense. Each member of the profession should be willing to contribute his mite. The other class of work is to take an initiatory step toward the elevation of the standard of the medical profession of Iowa. The amendment to be acted upon at this meeting of the State Society, is a good measure, and should be adopted. In addition to this, the State Society should demand specific requirements from the auxiliary societies, to be set forth in their constitution, by-laws and practice. It should encourage new and more auxiliary societies, and look after the enrollment of a large number of the medical profession. It should furnish them proper forms for conducting their work and for organizing. It should provide a section for

original investigations, and it should appoint members of such sections a year in advance. It should provide for prize essays for original work. It should define its position (and take a high one) on medical education, expressing itself positively, so as to assist in inducing our colleges, within and without the State, to require a longer and more thorough term of study, preparatory to an amendment some time in the future, to the Medical Law just passed. It should require a higher degree of preliminary preparation, and it should discourage students who are not well qualified for the work. Several ways suggest themselves, as to the manner in which this latter may be accomplished. One, popular with the profession at large, to appoint an Examining Board, consisting of prominent members of the profession, not members of the faculties of any school, who shall visit the schools just prior to the commencement exercises, and make a thorough examination of the students and their examination papers. They should also look to the preliminary qualifications of students, and in this way. use the moral influence of the profession at large. Some of the schools, and, I think, all, would not object to such an arrangement, provided it was conducted, as it probably would, and should be, in a spirit free from prejudice or favoritism, and with no other motive than for the elevation and advancement of the medical profession.

The transactions of the State Society should be published annually and promptly within three months after each annual meeting. A year ago we received the same promise contained in the present announcement in regard to transactions of the then two, now three years' work.

One of the innovations upon the old customs, is the nomination of two candidates for President. This of course, will require a ballot. The members of the society should dispense with rambling discussions. A limit should be placed on the speeches of all, and no one should be permitted to speak twice on the same subject,

except as a privilege, or in answer to a question. The few who have heretofore taken an active part, and for which they should be commended, as they were endeavoring to keep up the interest of the society, should remember that there are many present at each session, who should be awakened to take an interest, and should be drawn out; therefore they should be careful in their interest, not to monopolized the time; and, on the other hand, members who have been in regular attendance, and have remained quiet, should feel that they have as much interest and right as any other member, and that the society, as a whole, would profit better by hearing from a greater number, rather than from a few so many times. This criticism is made in a kindly spirit, and it is not intended to be in the least personal.

Finally, all the members in attendance, should remember that they are not there to listen only, but to take an active part, and unless they do take an active part, they can not be interested. Contact by rubbing against one another, brings out latent stores of experience, and thereby makes it profitable to all. The strength of any society comes from its individuality expressed, but in due difference to the general desire and welfare of the society, and not from its membership alone.

The suggestion of employing a stenographer is a good one. An exact record of the proceedings should be kept and published, not re-written and modified, but in the form in which they took place, allowing, of course, corrections of grammatical errors, made in hasty speech, by those, not accustomed to public speaking.

"HONOR TO WHOM HONOR IS DUE,"

The members of the medical profession, of Iowa, who believed in our Medical Bill, and desired it to become a law, are under many obligations to certain members of the 21st General Assembly, and to some others. Knowing this, and being able to identify them and knowing also the indignities, threats and censure that they are,

and have been receiving, it is only an act of justice, say nothing of the honor that is due them, to place them before the profession as its friends and to publicly acknowledge the favors and services they have rendered. Among those members of the General Assembly who were active partizan friends, but not members of the medical profession, J. A. Lyon of Guthrie, who attached his name to the bill, where the association will not be lost but will follow it as long as the law has opposition, and upon whose head censure will rest after other active participants have been forgotten, is entitled to the warmest feelings of respect and they should always remember him as their friend. Lyon of Guthrie, did more; he never lost sight of the bill from the beginning, to the end, and he used his influence on the floor and among other members. Schee, of O'Brien, led the fight for the friends of the bill; his services were invaluable, he could have taken no more active interest; and he could have done no more, were he fighting for his home. His name should be also long remembered by the profession as our friend in time of need. Without his able assistance on the floor, the combined and strong opposition might have defeated our measure, or might have made it very imperfect.

Thompson, of Linn, was the first to introduce our bill. Unfortunately, it was introduced before fully perfected. In order to make room for the perfected bill, as introduced by Lyon, he consented to have his bill indefinitely postponed, and he united with the friends of the bill, and used his influence, both on the floor and throughout the canvass. In consideration of his kind intentions, thwarted by circumstances, and the actual assistance rendered on the floor, and during the canvass his name, should be next to that of Lyon of Guthrie.

Berryhill of Polk, gave me his valuable assistance. That his time, previous to the date of the special order, was so fully occupied that he did not have an opportunity to thoroughly study the bill, was the only reason why he did not take a still more active interest. As it was, his assistance gave material aid to the friends of the bill. He was alert, and took advantage of every opportunity to do what

he could. His name should also be added to the bill for honorable mention. Finn, of Taylor, should also come in with Berryhill. They two worked together. Weaver, of Hardin, although not taking as active a part as some others, rendered assistance, well worthy of mention. To Roberts, of Crawford, and Ball, of Johnson, belong the honor of making corrections to the judicial part of the bill, as friends of the measure, that without which changes, the bill, in some respects, would be an unjust law, and in others, would be weak. Although at first, their corrections were met as opposition, the friends of the bill soon recognized their effect, and were very glad to adopt them.

In the Senate, we had as many friends as in the house, but the opposition was less, and the attempt did not require partizan friends. The list of our friends in the Senate, should be headed with Bolter. His work and interests in our measure, as warmly expressed by letter in the beginning, was continuous to the end. Without his assistance in the Senate, not the assistance alone rendered on the floor, but that rendered where it might never be known, the writer feels sure that the bill would have failed. Senator Scott is deserving of honorable mention. His assistance came when most needed. Senator Sutton was also a warm friend of the bill. Senator Bloom was unqualifiedly in favor of the bill, and his frank and spontaneous indorsement before the final vote, assisted greatly in rallying some of the friends who were inclined to be a little weak, not from any opposition to the bill, but from outside pressure. When we recall the fact that every member of the Senate was under the pressure of a much greater influence than was felt in the House and that the whole measure was disposed of in a single afternoon, an active interest in the Senate, although not comparing in magnitude with that of the House, means fully as much. There are a list of friends, whose names cannot be mentioned, who deserve a monument without inscription other than the unknown. They were the ones who, in consideration of the wishes of the friends of the bill, and who were personally in favor of it, absented themselves,

rather than be present, and vote against or oppose the measure in obedience to pressure brought to bear upon them from outside sources. None were more friendly and gave us better counsel and assistance in a quiet way, fully in keeping with their position, than the Speaker of the House and President of the Senate. They were our friends from the beginning to the end. Lieutenant-Governor Hull, and Speaker Head. Our other friends that deserve special mention, are the newspapers. As a rule, throughout the state, the Press was against us, more as a matter of business than from principle. In Des Moines, the central committee made a like request of each of the daily papers. Far beyond all others, stands *The Des Moines Leader*, it was friendly from the beginning to the end. It refused communications against the measure. It gave the friends of the bill the use of its columns not excepting even the first column of the editorial page. The writer takes pleasure in commending to the medical profession the *Des Moines Leader*, for its services and its friendship. The other papers are also deserving of favorable notice because they left us alone, contrary to their former customs. One of these papers, *The News*, could not, from its policy, consistently support our measure. The *Register* gave us editorial mention, but not as cordial, as is its custom on subjects with which it is in full accord, considering the vigor of its likes and dislikes. For this neutral position, the profession should also feel kindly toward the *Register*. All of the physicians, with the exception of Senator Earle, in both branches, were active friends. With two exceptions, it is hard to say who did the most work or is entitled to the most credit. The first of these exceptions is Wilbur, of Floyd. For actual work, interest and results, no one in either branch, or in the entire work, deserves more, or even as much credit as Dr. Wilbur. Those who know the Doctor best, have reasons to give him additional credit. The State Society, and the profession at large will fail in its duty, should they overlook his kindness and good work. Next to him, comes Senator Cald-

well. He has been so long identified with the medical interests, that but little can be added. He worked for the measure from the beginning to the end, was the recipient of sarcasm and abuse for his defense and introduction of the measure. He labored faithfully and earnestly among the members of the Senate, and was always posted upon the feeling in regard to their position towards the measure. He did more; he sacrificed other measures, in which he was interested, in order that this one might succeed. The other members are equally deserving without regard to position in the list, Drs. La Force, Welch, Reynolds, Butler, Ramsey and Rice. Dr. Underwood of the Senate, was the only physician, other than Dr. Caldwell, in that body, who favored the bill. He assisted the Doctor throughout, and is deserving of special mention. In addition the great body of the General Assembly who voted for our measure, are also deserving of our appreciation. Many of them, if called upon, would have rendered the same assistance that distinguished others. We should have no ill feeling against the opposition. There is no evidence but what their motives were as honest and sincere, as were those of our friends, although we could not understand such motives.

We should feel from experience that they are not friendly, and remember that in the future we cannot expect to look to them for favors, should any be needed. By referring to record of votes for, or against the bill, our readers, in the different parts of the State, can discover who were friendly, and who were not. Should it be necessary they can use their influence in the proper way when the time comes. This may be very necessary because there are some confliotions, as shown in another editorial in this number, that will require amendments either to the medical law or to one of the others, at the next General Assembly. It will be necessary for us to look to our friends that such amendments do not weaken other non-conflicting parts. The REPORTER feels kindly to every member of the General Assembly.



The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, APRIL, 1886.

No. 8.

ORIGINAL ARTICLES.

A STUDY OF DIPHTHERIA.

As observed in the city of Davenport during the year 1885. Read before the Scott County Medical Society, April 1, 1886, by C. H. Preston, M. D., Physician to the Board of Health.

GENTLEMEN:—Although the recent epidemic of diphtheria is now happily almost, if not quite at an end, the subject is one of great interest in this community, where the disease has existed in a more or less epidemic form during several years past.

In 1881 the number of deaths reported was 22; in 1882, 14; in 1883, 50; in 1884, 41; and in the past year 86. In the first half of 1884, however, the disease seemed to have quite died out, no death occurring until June in that year, since which date diphtheria has never been wholly absent.

It will be seen from the accompanying table that 273 cases were reported during 1885, 122 of which were males and 151 females—being in the ratio of 4 to 5. The above total of cases would doubtless be changed but little if erroneous diagnoses on the one hand were offset by failures to report on the other. The deaths from diphtheria during the same period, as gathered from the record of burial permits, were of males 41, females 45, making a total of 86, which ought probably to be increased by about one-half of the 18 deaths accredited to membranous croup.

With this addition the mortality would be just about one-third—33·69%. This coincides very nearly with the lowest death-rate from diphtheria in the city of New York, observed during the past five years, viz.: 34·377% in 1883, the average being 42·405%. (See *Medical Record*, March 27, 1886, p. 354.)

During the six months from March to August inclusive, only 63 cases and 20 deaths occurred in this city, being of each slightly less than one-fourth of the totals for the year; and if the past five years be taken together the whole number of deaths during these six months was but 54 in a total of 213, or again about one-fourth. This marked preponderance during the fall and winter months, may be due in part to accidents of contagion, but can be to no great extent accidental, being as it is, so constantly observed.

Among its probable causes, an important one doubtless is the greater liability during damp and cold weather to ordinary sore throats and other catarrhal affections, giving readier foothold to the specific diphtheria poison. A yet more potent possible factor is the lack of ventilation in the winter apartment of citizens generally, and more especially of the poor, for whom air at the same time warm and pure is often an unobtainable luxury. And yet another cause may be the suction of air from foul, wet soil through the floors of closed, heated dwellings. But that neither of these is a controlling cause is evidenced by the continued presence of the disease throughout the year, so that something further must be at work, and that something is doubtless contagion.

The average age of all cases, as shown by the table, was 10·6 years, being for males 9·2, and for females 11·9 years, a difference of 2·7 years, attributable largely to the greater number of adult females attacked, being 37 in a total of 54 cases over 15 years of age.

The same relation in less degree was maintained in those between 5 and 15, viz.: 77 females to 57 males; but under 5 years the proportion was reversed, being males 48, females 37. In fatal cases the average age was 7·4 years, being about the same in both sexes. The number of deaths under 5 years was about the same in each sex; from 5 to 15 years it was exactly the same; but of 9 deaths among adults 6 were females. This preponderance may

doubtless be explained by the confinement of the mother or nurse during many days at a time, in the infectious air of the sick room. The average duration of fatal cases was 6.7 days, this period of close to one week being not simply an average, but the general rule, to which of course there were many exceptions.

The total number of infected localities reported was 205, in 68 of which, or one-third of the entire number, death claimed one or more victims. Unless this identical mortality of one in three, both as to localities and cases, be merely a coincidence, it would seem to indicate what is probably true, that the result is not much affected by treatment.

One hundred and forty-five localities, or about three-fourths of the whole number, were below the upper level of the bluffs, *i. e.* south of the Tenth street line, while the same proportion—three-fourths of the whole—were situated to the west of Brady street. Of the cases, somewhat more than two-thirds occurred below Tenth street, and nearly the same proportion to the west of Brady; while of the deaths, slightly less than two-thirds occurred below Tenth street, and the same proportion to the west of Brady street. The above dividing lines, it is true, do not pass through the center of population, being selected, the one with reference to a comparison of elevations, and the other for convenience, because of street numbers beginning at Brady.

The southwest section so bounded contains probably one-third of the population of the city, but it has furnished more than half of all localities, and little less than half of all the cases and deaths from diphtheria. Here also the recent outbreak first assumed epidemic proportions, and it was almost wholly confined to the west end for months, although finally spreading to every part of the city.

Scarlet fever too has been much more severe in this quarter, as was small pox also in 1882.

To account for this greater prevalence of zymotic diseases, several causes may assigned, one of which is the fact that this closely built, low lying region has very inadequate natural drainage, and is almost wholly without sewers; another cause is the more general use in this section of water from surface wells, near which vaults,

stys and stables exist in large numbers, while strata of sand or gravel underlie its greater part at a few feet below the surface, favoring the free distribution of filth.

Another potent factor is a too general indifference among the citizens of this quarter to the spread of contagion. A prevalent disposition to question the importance of isolation and disinfection has too often led them to neglect the simplest precautions. But whether by contagion or otherwise, the disease, which in July was centered in the vicinity of Seventh and De Soto streets, afterwards spread, until in October it existed in every part of the city—on the bluffs and their slopes as well as below them, in localities with sewers or with good natural drainage as well as in those having neither, in both new houses and old, large houses and small, in those kept neat and clean as well as in those whose condition was the reverse, in families using water from every source of supply; in fact, while plainly favored by unsanitary surroundings, it has spread in a manner scarcely possible to any except a contagious disease.

We cannot doubt that it is communicable in some way and to some extent, that though in its origin favored by filth and in so far a filth disease, it may yet spread devastation in the midst of cleanly surroundings.

Having presented the foregoing statistics, together with the comments suggested by them, it remains to consider the teachings

A large proportion of the cisterns reported were such as contained water presumably impure, either from careless collection, neglect in cleaning, from surface drainage, or leaking walls; while the wells used most were shallow and badly located. But the number using hydrant water taken from the rapids near the upper end of the city, and hence presumably free from specific pollution, is evidence that the spread of diphtheria is not influenced by the drinking water used to anything like the same extent as in the case of cholera, typhoid fever, and other contagious intestinal diseases. Indeed it may well be doubted whether the specific poison of diphtheria is conveyed in this manner at all.

THIRD.—*Disease History of Infected Houses*.—The answers show that of 64 localities reported there was positive knowl

edge of previous zymotic disease in 17 only. In eight of these diphtheria had existed before, scarlet fever in seven, typhoid fever in six, and in several whooping cough or measles. But little light is thrown upon the subject by these replies,—as was expected, since the many renters and others who change their places of residence often are not usually informed concerning the previous history of their dwellings. That a positive statement was obtained of the previous existence of zymotic disease in one fourth, and of diphtheria itself in one-eighth of all the localities given, would seem to indicate the persistence, if not of contagion, at least of favoring conditions.

FOURTH.—*Previous Attacks*.—All save three of the physicians reporting state that, excepting relapses, they have not known diphtheria to occur twice in the same individual. This is certainly a very remarkable concurrence, and when we reflect how few could say the same as to their experience with scarlet fever, may we not entertain a cheering hope as regards the protective nature of the disease? It is popularly supposed and very generally taught that one attack of diphtheria is not at all protective against subsequent attacks, but rather the reverse, and it is not unusual to meet persons who claim to have passed through several sieges. This supposed feature of recurrence has given to diphtheria an added terror over scarlet fever, variola and other generally non-recurrent diseases. It is coming to be questioned however whether diphtheria is not also self-protective in great majority of cases, and the answers here given certainly favor this view.

FIFTH.—*Relapses*.—Of these but 10 were observed in somewhat more than 150 cases, most of them occurring after about a week of apparent convalescence; they were generally attributable to indiscreet exposure, and all but two or three proved fatal. The many cases of delusive improvement observed in the first few days are of course not to be reckoned among relapses. From the cases of genuine relapse noted, it appears that special care should be taken during the period of convalescence, to protect the tender throat from cold, lest laryngeal inflammation should be induced and invite diphtheritic croup. To this end, as well as for the conservation of the patient's strength, there would seem no more rational measure than strict and prolonged confinement to bed,

SIXTH.—*Other Throat Affections Nearly or Quite Co-existent with Diphtheria, in the Household.*—On this point eleven physicians reported having observed a more than usual prevalence of simple tonsilitis and pharyngitis in general, and having frequently found one or other benign throat affection nearly or quite co-existent with diphtheria in the same house. This evidence may seem to support the theory entertained by some, that the diphtheritic bacteria are always present in the saliva, but become active only under favoring conditions, that while the specific membrane is potentially present in every sore throat, it will be developed in relative by but few; but granting the presence of favoring physical conditions, it is plain that the same result might accrue from external contagion.

SEVENTH.—*Is Diphtheria Contagious?*—This question was answered affirmatively by all, but generally with the qualifying statement that it is contagious only in confined air and when the person exposed is in a receptive condition. No one could point to definite case of infection through a well person, though some were of the opinion that it had been so transmitted. It was the common experience however that it is by no means certainly communicated even by the sick, and under apparently the most favoring conditions. Numerous cases were observed where all the members of a family save one have escaped, although isolation was impracticable and not attempted; and this uncertainty as to the result of exposure has acted most injuriously by inducing a false sense of safety and often fatal trusting to luck. A few of those answering have expressed the belief that diphtheria may arise independently of contagion; that while transmissible it is essentially a filth disease. In few instances has it been possible to trace at all definitely the origin of the first case in the family, though the conviction is general that intercommunication has been very often to blame.

In one interesting case, two boys were taken down with diphtheria about eight days after playing some hours at a neighbor's house, in a room where a child had died of the disease about six months before, the room having been closed during most of the time intervening. In another case a young lady who had been

away for some time, residing in a town free from diphtheria, contracted the disease within three days after her return home, where her sister with whom she slept, was just coming down with a fatal attack; and in another similar case, a young man who had returned from abroad to his afflicted home, took diphtheria, soon after, and died. In very many instances relatives and friends, residing in the city, were attacked soon after exposure, whether because of it or not.

It has been observed that the existence of either chronic, nasal, catarrh or scrofulous cachexia has seem to favor diphtheria in its more severe form. Should this prove to be true in general it is a fact of no little importance, and whether the danger lies in the attendant systemic depression, or in the nidus for infection presented by retained fetid secretions. It is apparent that in such cases contagion should be especially guarded against, and every effort made to promote the general health; and to keep the nasal passages clean.

EIGHTH.—*Isolation and Disinfection.*—That these protective measures are at once both extremely important and very difficult to effect, was the testimony of nearly all. As to isolation of those affected, the poverty or many families and the carelessness of others make the physician's best effects too often futile; but where it has been possible to have the patient early transferred to a sunny, well ventilated upper room, to which none but the doctor and the nurse were admitted, the disease has seldom spread even in the family.

The customary measures for disinfection were generally endorsed, but in practice had been too often neglected. The opinion was expressed by more than one that the fumigation of premises and the disposal of fomites should be attended to directly by the Board of Health. With this view I quite agree, and I trust such an arrangement can soon be made.

NINTH.—*Are Diphtheritic and Common Membranous Croup the Same?*—Of the replies to this question, ten of the thirteen given were in the negative;—the prevalent view being that the former is specific and contagious in its nature, the latter not being a communicable disease. As to the termination of diphtheritic croup, none of those reporting had ever seen a single case recover. Our

of the epidemic, as to certain other points of interest on which collective data could be obtained. To this end a circular letter of inquiry was mailed some weeks ago to each physician in the city who had reported diphtheria during the year. Of 32 addresses only 15 responded, but these fairly represent the various schools of practice, all parts of the city, all seasons of the year, and cover more than half of all cases reported, so that the collective drift of the replies is doubtless much the same as if all had responded.

The following is a summary of the replies to the questions presented:

FIRST.—*Sanitary Surroundings*.—The answers on this point show that while diphtheria was most frequently observed in the small, illy-ventilated houses of the poor, with damp ground floors, or with cellars wet and undrained, with neglected vaults or other nuisances near, and with presumably impure water supply, yet it has not seldom appeared under quite the opposite conditions. Taking the answers together, however, they make plain the special importance of good ventilation and drainage.

SECOND.—*Water Supply*.—Of 64 localities reported, cistern water was used in 37, well water in 24, and hydrant water in 11, some families taking from two or more sources. These numbers are probably in about the same proportion as that between all the cisterns, wells and hydrants in the city, so that in so far as this investigation reveals, no one kind of water supply can be condemned more than another. Nevertheless it would be wrong to infer that no danger is to be apprehended from the use of foul water.

STATISTICS OF DIPHTHERIA.

DAVENPORT, 1885.

1885.	CASES.			DEATHS.			Infected Houses.
	Male.	Female.	Total.	Male.	Female.	Total.	
January -----	17	19	36	3	7	10	26
February -----	5	7	12	4	2	6	11
March -----	4	8	12	1	2	3	10
April -----	3	5	8	2	1	3	8
May -----	2	4	6	2	0	2	6
June -----	5	4	9	1	2	3	9
July -----	10	7	17	4	3	7	14
August -----	3	8	11	0	2	2	9
September -----	19	10	29	7	3	10	21
October -----	23	41	64	7	12	19	47
November -----	18	31	49	8	8	16	39
December -----	13	7	20	2	3	5	15
Total -----	122	151	273	41	45	86	205*
Under 5 years -----	48	37	85	15	18	33	----
5 to 15 years -----	57	77	134	23	21	44	----
15 and over -----	17	37	54	3	6	9	----
Average ages -----	9.2	11.9	10.6	7.2	7.5	7.4	----

*10 Localities were repeated,

only hope in diphtheria seems to be to prevent laryngeal invasion; when once croup supervenes no known method of treatment is likely to avail.

TENTH.—*Treatment*.—The replies on this head gave little if any new light, no one had any specific to offer—the nearest approach to such a claim being that made for salicylic acid in frequent and considerable doses. On the use of mercurials, and more especially the bichloride, the reported experience was about equal pro and con; while as to pilocarpine, a temporary alleviation observed by some was all that could be said in its favor. The early and free use of stimulants and chloride of iron, either with or without bitter tonics, was favored by most of those reporting; while locally, iodoform either in powder or in etherial solution, Mon-sell's solution of iron, solutions of carbolic, or boracic acid, silver nitrate, etc., were preferred by one or another.

With this incomplete presentation and digest of our experience with diphtheria during the past year, which notwithstanding its incompleteness has cost no little time and labor. I leave the subject for your consideration.

ERYSIPELAS.

Paper read by Dr. P. J. Fullerton, of Raymond, Iowa, before the January meeting of the Cedar Valley Medical Association—Published by request of Society.

Erysipelas, commonly known as the "Rose" in Scotland, and "St. Anthony's fire" in England, is an acute specific disease, characterized by a fever of low type and a peculiar diffuse inflammation of the skin, involving, more or less, the subcutaneous tissues.

Although the contagious character of the disease is denied by a great many authorities, yet there is an abundance of evidence to prove that it is an infectious disease and capable of being transmitted from one individual unto another, under circumstances favorable for its production. It is so specific in its character that in one of its forms, at least, it has been considered, by some, as belonging to the order of contagious exanthemata resembling them in its being sometimes infectious and sometimes epidemic, in its having its period of incubation and a tendency to a definite duration.

Its chief difference from them is its liability to frequent recurrence in the same individual. William has placed it among the vesicular eruptive diseases. The term it is thought by some should be restricted to the diffuse inflammation of the head and face; but the majority of authors are not in favor of this classification although it is acknowledged by all that this is the true type of simple erysipelas.

From the nature of its causes it may be divided into Syntomatic *i. e.*, the expression of some pre-existing constitutional disturbance; Idiopathic *i. e.*, the result of general causes acting from without the system, and Traumatic, *i. e.*, where the inflammation is excited by local irritation or inoculation.

There are other varieties given, such as simple Phlegmonom and Œdematous, but as these various forms, with their modifications, must all be regarded as phases of one disease, which has its seat not alone in the part affected but in the system, it becomes unnecessary for us to go into the minutia of all the different forms and varieties, in this paper.

The essential cause of this malady, like that of many others is still involved in much obscurity. There is now no doubt that the specific inflammation depends upon some morbid state of the system probably beginning in the blood, which manifests itself in the altered local condition and the general febrile action. The causes may be divided into predisposing, exciting and efficient. By predisposing causes we mean that peculiar pre-existing condition of the system which renders so many individuals and some families liable to be affected with the disease.

Local irritations of the skin, such as burns, blistering fluids, chemicals, etc., or what sometimes acts as exciting causes, will produce simply dermatitis in one individual and erysipelas in another, but the differences between such common inflammation and the special malady are greater in number and more important in kind than their points of resemblance. We therefore conclude that whereas the external cause *i. e.*, cause or causes acting independently of the system are the same, and the results so widely different, that in the one case there must be a peculiar pre-existing condition which associated with the slightest exciting cause will es-

tablish the disease. This individual or family proclivity to the disease is the most important of the constitutional predisponent. The next in value is age, it being common in newly born babes, but rarely occurring between the first and twentieth year. After this period it is frequent as an acute affection until the fortieth year. In more advanced age it is seldom seen except as a subacute or chronic disease of but little importance.

De Morgan places among the predisponents bad ventilation especially where the air is impregnated with any impure exhalation. But it cannot be determined in these cases whether the impure air merely predisposes the patient or whether the actual *materius morbi* is generated. The latter is perhaps true, and we therefore think it should be classed as an efficient, instead of a predisposing cause. Among the predisposing causes of minor importance may be mentioned Bright's disease, intemperance, Gouty and Rheumatic diathesis.

All undue local impressions upon the skin act as exciting causes. Any incised wound, contusion, fracture, or sprain may excite the inflammation, but lacerated wounds of the extremities, and scalp wounds are its most fruitful sources. Among the exciting causes we will also enumerate exposure to heat, cold, or moisture, errors in diet especially the taking of such articles as shell fish, improperly smoked, dried, salted or otherwise half preserved meats.

Scarification of parts affected with *Ædema* is very apt to give rise to the disease. The efficient causes are of far more importance than all others, acting from without the system and may be considered under two heads:

1. General atmospheric condition, or epidemy.
2. Infection or contagion.

As regards the first it is a matter of common observation that erysipelas is far more prevalent at one time than another, and in one locality than in another and this tendency has often been so great at times as to give the disease the character of a severe epidemic. It does not appear that there is any one state of atmosphere in particular that tends to produce these epidemic forms. In some instances the season in which they have occurred has been cold and damp, others hot and dry. Winter and summer have alike seen

them. They have visited all climates at all seasons of the year, but generally, other epidemics were prevalent at the same time, and, hence, we may conclude that the atmosphere was unfitted to destroy the miasmata that were generated.

Under the head of infection or contagion we probably come to the point of greatest difference concerning this disease. The French writers are generally opposed to such a notion, while it is received by most English authorities. We have not time nor space to produce the argument here as given by them pro and con, and will only say that it seems to us that the cases recorded by Dr. Wells, Dr. Stevenson, Mr. Arnott, Sir W. Lawrence, Dr. Eliotson, Mr. Erickson, Dr. Hunt and others prove beyond a doubt the infectious nature of the disease and as much it should be considered regardless of what the opponents of the theory may produce.

The symptoms of erysipelas are both local and general. There is fever accompanied by structural changes in the skin, mucus membrane, and may be in the subcutaneous and submucus tissues. The commencement of the disease is usually marked by uneasiness of a very indefinite character. There is malaise aching of the limbs, loss of appetite, thirst, nausea, vomiting, diarrhoea, soreness of throat, increased heat of the skin, frequency of the pulse, headache, giddiness, confusion of thought, and occasional epistaxis without any special predominance sufficient to enable the physician to forecast the nature of the impending evil. These symptoms have no definite duration, sometimes they are simultaneous with and sometimes they precede the local changes, usually they are followed by slight chilliness, or rigor, in from eight to ten hours or may be two or three days the characteristic local changes of the skin. Upon the appearance of the local inflammation there is no remission of the fever, but rather an exacerbation. If a wound or granulating surface exists it takes on an altered action. The edges of the wound or the granulating surface becomes flabby and covered with thin serum instead of pus as in the healthy condition. The granulations become pale and are absorbed and parts tending to unite are disunited. In simple erysipelas the usual site of the development of the local inflammation is some part of the head, but no part of the body is exempt from it whenever it suffers any injury to

the skin or subcutaneous tissue. It is not essentially necessary that there shall be actual "breaking" of the skin in order to excite the disease any "scratch" or bruise may determine it, or gout in a particular joint, or diseased teeth, all may do the same; usually however, the nose or the ear is the point where it is first observed. Reynolds states that it generally begins at that particular point where the skin is undergoing a change into mucus membrane and in the neighborhood of the recently divided umbilical cord. Personally I have observed this fact very closely, and on several occasions have found the inflammation to start from the points as above stated, and have seen it begin at the ear, eye, nose, mouth and vagina, with about equal occurrence. When a part becomes affected to the patient it feels hot and irritable and is very tender to the touch, the sensation being stinging and smarting. The skin is generally of a rose tint, but the color may vary from a redish yellow to a deep livid red, and in the eratic form it will often be found a deep copper color. It is warmer than the surrounding tissues and more firm to the touch. The inflammation extends from the part first affected, sometimes in all directions but more commonly in one much more rapidly and widely than in any other; at the advancing edge, the elevation may often not only be felt but seen as well, and sometimes very distinctly. This edge by a sharply defined difference in color is well shown.

The white or pale healthy skin is involved by a distinct line of red with an occasional streak in advance of the general boundary. At the receding margin of the inflammation there is so gradual a decline of swelling that no elevation can be detected and there is no such sudden transition of the color, but the heightened tint of the active inflammation is gradually shaded down through medium and mixed tints without any clear line of demarkation till it reaches the normal. Sometimes the amount of swelling is but small, at others it is enormous, being the greatest where the skin is most loosely attached to the subjacent structure and where there is much areolar tissue that can be distended with fluid. When confined to the skin the swelling is moderate in amount, firm to the touch, and pitting but little upon pressure.

When the areolar tissues are affected there is more swelling, its surface is irregular in elevation and consistence and there is deep pitting upon pressure and there is generally suppuration. In these cases the disease may extend to the joints causing suppuration there, or to the bones destroying the periosteum, thus causing necrosis. In mild cases the skin remains in tact. In the more severe, and more common cases there is some vesication of the surface, little bladders like those produced by blistering fluids, or large irregular bullae may make their appearance soon bursting and leaving dry and thick crusts.

In most cases there is inflammation of the adjacent lymphatic vessels with pain, swelling and tenderness of the lymphatic glands. This condition is more common where the disease has originated from a poisoned wound. The pulse is generally full with a frequency of from 100 to 120. The temperature varies from 102° to 106° owing to the severity of the disease. It is generally higher in the evening than in the morning but the exact reverse may take place. Any sudden rise of temperature would indicate an extension of the inflammation. Usually the maximum height is reached on the third day of the eruption and the decline commences on the 5th or 6th day.

The urine contains small quantities of albumen with increased quantities of urea and less quantity of the chlorides. When sloughing and suppuration of the areolar tissues take place, the symptoms become much more marked, the tongue is brown, the lips and gums are covered with *sordies*. The pulse rises in frequency and loses its force, often becoming quite uncountable. There is low muttering delirium, with jerking contractions of the limbs, and all the other signs of impending dissolution. After death, the skin loses its red color and becomes shrivelled and brown, providing it has not been changed by ulceration or mortification. Its vascular tissues are congested, the veins especially being filled with dark thick blood; pus and serum are found in its areolar, and plastic exudations may be present. The cuticle readily peels off and it seems as if a thin layer of serum is between it and the adjacent tissues.

Internally fatal cases do not present any special character, generally there will be some disease of the liver, spleen, or kidneys,

often congestion of the mucus surfaces of the stomach and intestines. The principle morbid changes are found in the blood where death takes place in the earlier stages of the disease, it has only the appearance of ordinary inflammatory blood. But when the disease passes beyond this stage before death occurs the blood loses its disposition to separate and forms a thin loose coagulum. It is sometimes thin and fluid, sometimes pitchy often depositing a black powder. It stains the inner surfaces of the heart and great vessels and the corpuscles are broken and irregular. Mr. Brush states that in all the fatal cases he has examined the lungs were highly congested and the smaller pulmonary vessels were always found to contain pus. In fact a minor degree of pyaemia was always found to be present. He has observed the same thing in the smaller veins of the head where that part has been the seat of the disease.

The veins, say Copeland Arnot, Bastion, Riles and others, proceeding from the inflamed and contain pus. Bastion has also found minute embolic masses in the small arteries and capillaries of the gray matter of the cerebral convolutions. The prognosis should always be guarded. It is bad in accordance to the predominance of the symptoms of blood poisoning over those of simple inflammation.

It is more unfavorable in the very young and in those advanced in years. Any sudden disappearance of the eruption with simultaneous complication of the internal organs, especially the brain, render it grave; where the eruption takes on a dark color or the appearance of livid vesicles, or any disposition to involve the deep tissues, it should always be considered as unfavorable. Bad hygienic surroundings or any lowered condition of the system, intemperance included, renders the prognosis more grave, as well as any organic diseases, especially renal diseases with dropsy. A large proportion of cases of the simple cutaneous form, with proper hygienic conditions and proper treatment, will terminate favorably.

The treatment of erysipelas may be divided into prophylactic and curative. The prophylactic of the disease depends upon all those methods ordinarily used for the prevention of other infectious diseases. Isolation, cleanliness, ventilation, and disinfection are

too well understood by physicians of to-day to require any comments at present in this connection. The history of the disease shows us that there is an intimate relation between it, and some forms of puerperal metritis, peritonitis, etc., consequently, great care should be taken that none of the matter, in however an intangible a form, should be conveyed by the hands, the clothing, or otherwise by the physician to the parturient or puerperal woman.

The curative treatment of erysipelas is both general and local. In the general treatment it should always be borne in mind that it is a disease of a low type, with a tendency to death from exhaustion; and therefore the treatment must be of a supportive nature. As an aid to this plan, proper nourishment and proper hygienic surroundings will be found of much avail. There are two remedies for internal medication, upon which the profession as a whole are almost unanimously agreed. They are the "Tr. of the Chloride of Iron" and "Sulph. of Quinine."

The "Tr. of Iron" has been considered by many as a specific in erysipelas; there are others who have not met with the success hoped for by its use, owing probably to the fact that the dose has not been sufficiently large. It may be given in doses of 30 to 40 M., or even $5\frac{1}{2}$ every 4 or 5 hours. I, however, prefer giving it in smaller doses oftener repeated, as the stomach seems to retain it better. A favorite form of administration is iron, spirits of chloroform and glycerine, equal parts, well diluted with water. I have often found this combination serviceable where it could not be retained by the stomach in any other form. The proper dose of iron in erysipelas is such an amount as will produce the required results. (But there is no use of looking for any benefit from doses of 10 to 15 M. 3 times daily.) The dose may be increased without doing harm, just as long as the stomach will retain it. The effects which may be looked for from the use of this medicine, will be a cessation of the extension of the local inflammation. (This result will sometimes appear after the first dose, and frequently in a day or two.) The inflamed part becomes paler, less tender, less swollen. The feeling of exhaustion diminishes. The pulse becomes less frequent and stronger. The temperature often falls, and sleep ensues. As soon as these changes take place, the dose may safely

be diminished, but should not be entirely withdrawn for several days.

The object of administering sulph. of quinine is to obtain its anti-phlogistic, anti-piretic and sometimes its tonic effect. If the temperature be very high, and the pulse full and strong, it may be given with much benefit in full heroic doses, from 3 to 5 grains every 3 hours, till temperature falls to 102° or 103° . But if the pulse is very rapid, small and feeble, it should only be given in tonic doses. (gr. ij, ter. in die.)

At the outset of the disease it is generally customary to give a saline aperient to remove any irritating substance that may be in the alimentary canal, and it may be necessary to repeat this from time to time during the course of the disease.

When erysipelas is ushered in with a chill, followed with a sudden rise in temperature with a rapid and strong pulse, aconite in small doses, and often repeated, may be employed with much benefit in quieting the heart's action, and thus holding in reserve its forces which will be so much needed in many cases later on.

It must, however, be used with caution, and its action very carefully watched, or it may do much harm; it should be withdrawn as soon as the *force*, not the frequency of the pulse is reduced.

Alcohol in erysipelas, like in many other affections, has its advocates and its opponents. There are those who maintain that it should be given in all cases, from beginning to end, in large quantities, and claim that when so used, it has a specific influence on the disease.

There are others that claim that it never does good, and therefore should not be employed. The truth probably lies midway between these extremes. When there is a small, rapid and feeble pulse, with low, muttering delirium, jerking of the muscles, and other signs of failure of the vital forces, alcohol (digitalis and ammonia) should be given in such an amount as is necessary to revive the flagging powers. When a patient is found in this state of exhaustion, while suffering from erysipelas, in my opinion, it should be the first thing thought of, and when once began, it should be continued throughout the remaining course of the disease. But for this action it should not be depended upon alone. Digitalis and

ammonia are very important adjuncts, and the former especially should always be employed.

Complications such as bronchitis, œdema of the glottis, meningitis, etc., are things which will frequently occur, and will have to be met upon their own merits.

Where there is much restlessness, with severe pain, an opiate (chloral or bromide) is advisable to produce rest or sleep.

Upon the local treatment of erysipelas the profession are not nearly so well agreed as upon the general. There are many different remedies which have been used, all of which have had their friends and their opponents.

Local applications should not be used upon the trunk. From among the many I will mention but a few of the most prominent:

Nitrate of silver in strong solution, or the solid stick, has probably been used more for this purpose than any other one remedy. The plan has been to apply over a portion of the diseased surface and for an inch or two in front of the advancing margin. Sometimes it seems to check the spread of the inflammation, but in a great many cases it does no good, and in some cases wherever it is applied, it will act as a new starting point for the spread of the inflammation.

"Tr. of Iodine" in various strengths is another remedy which has gained considerable repute as a local application. It has been applied over the whole of the inflamed surface as well as over a considerable of the surrounding sound tissues.

A strong solution of bromine is still another. During our late civil war Dr. M. Goldsmith, Surgeon U. S. Volunteers, used this last remedy in various strength, according to the nature of the case, and the locality of the disease. A continuous application, with lint covered with oil silk (was made to the face) of the following strength:

Bromine-----	5i
Pot. Bro-----	5ss
Water-----	5X

So far as I am aware, all who have used this solution, have reported favorable results.

A poultice of bruised cranberries is a domestic remedy much used, and by some very highly recommended. In my own experience, I have frequently seen it used with no benefit whatever.

Solution of "Sulph. of Iron," "Acetate of Lead," and similar remedies have all been employed for a short time and then fall into disuse.

The remedy which is probably receiving the most attention at present as a local application in erysipelas, is the "Tr. of the Chloride of Iron." It has some very warm advocates, and so far as I know, none who have tried it, condemn it. It is used in solutions of various strength. My own plan is to use one part of iron to ten parts of warm water, and keep a piece of lint, wet in this solution, continuously applied to the inflamed surface, and some distance beyond. I then cover the lint with a flannel or with cotton wool, so as to avoid draughts and keep the parts warm. The application should be frequently changed.

Some prefer mixing the iron with quinine in such proportions as to form a paste, spreading this over the inflamed surface. For the past five years, in my own practice, I have used the Tr. Ferri. in 47 cases of erysipelas, with 46 recoveries and one death. These cases comprised almost every form of the disease, 20 of which followed vaccination in my own practice. The patients were all vaccinated on the same day by me, with points obtained from the same firm, and all had well marked erysipelas, all were treated alike, and all recovered, although in two cases the recovery was very slow.

I will give you a brief history of the case that died:—Laura M., aged 9 months, very large, and previously healthy child. I was called to see her April 19th, 1885, just one week previous to this, her sister dropped a hot poker on the top of the baby's foot, causing a small burn, but little attention was paid to it, until two days later, when the foot became swollen and inflamed, and the child was cross and worrisome.

A physician was summoned who prescribed no constitutional treatment, but applied "slippery elm" poultices to the foot. This treatment was continued 5 days, during which time the inflammation had extended up the limb to the body. When called, I found

her temperature $104\frac{1}{2}^{\circ}$, pulse 140, small and feeble. I prescribed quinine, 1 gr. every 6 hours; tr. iron, 5 M. every hour; fl. ex. digitalis, and whiskey, and made the local application of tr. iron as recommended above.

April 20th.—Temperature, 101; pulse, 110, and stronger; inflammation had not spread any, and the skin looked paler and somewhat wrinkled. (Treatment continued.)

April 21st.—Received telephone message, patient was much better, and I need not visit it.

April 24th.—Was called again to see the patient, who had been out of all medicine for 36 hours; temperature, 104; pulse, 135. Inflammation had spread up as far as the lower part of the scapula, and across the abdomen, almost encircling the body.

Iron, quinine, whiskey, and dig. were again prescribed. No local application of iron was made. The inflamed surface was dusted with flour and covered with cotton wool.

April 25th.—Temperature, 103; pulse, 130; inflammation still spreading. Treatment continued.

April 26th.—Temperature, $102\frac{1}{2}$; pulse, 126; inflammation covers the whole body.

April 27th.—Temperature, 104; pulse, 138; inflammation extended down both arms to elbows, and down the other limb to knee.

April 28th.—Temperature, 104; pulse, 140; inflammation still spreading, but had receded from lower part of body and limb first affected.

April 29th.—Symptoms of meningitis appeared about 4 A. M., and child died at 8 A. M.

MAG. SULPH. IN RHEUMATISM.

BY S. B. CHASE, M. D., OSAGE, IOWA.

Permit me to call the attention of my medical brethren to the familiar remedy at the head of this article, and ask them to give it a trial in muscular rheumatism. From personal experience I have much confidence in its remedial power in this vexatious complaint. Like the waters of the Jordan it is simple and not costly; and

though not especially palatable is unusually well borne by the stomach, while the disease is more unendurable than was Naaman's.

For two years its presence was an abiding infliction, resisting every remedy sought. On the causation theory of subalkaline blood, I commenced the use of Mag. Sulph. in broken doses, 5 to 10 grs. three times a day in cold water, immediately after eating, with almost magic results. In a few weeks I could take a full inspiration without pain, a thing I had not done for months; was able to dress myself unaided and walk without a cane—the power of my tormentor broken and every mindful vestige gone.

SOCIETY REPORTS.

SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, IOWA, April 1st, 1886.

Regular meeting.—President Dr. Braunlich in the chair.

Members present: Doctors Bracelin, Braunlich, Crawford, Grant and McCowen.

Visitors: Dr. Porter and two students.

Reading of minutes omitted.

Reading of paper on diphtheria by Dr. C. H. Preston, of the Board of Health. On motion of Dr. Grant paper was received.

Discussion: Dr. Grant thought one of the most important points to be brought out in the consideration of this subject is what *is* and what is *not* diphtheria. Many cases of exudative tonsilitis are not easily distinguished from diphtheria. He had not reported such cases though he had been many times in doubt in regard to them. They are uniformly accompanied by enlargement of one or more of the cervical glands. If these cases were to be reported as diphtheria he could improve his record of mortality very materially. He was rather surprised and somewhat disappointed that so little was said in the paper about sewer gas as a cause.

Dr. Bracelin never knew follicular tonsilitis to go on to true diphtheria. His rule was to warn the family in doubtful cases and

if they did not yield to treatment in three days, they had uniformly proven to be diphtheria. Had never known a well marked case of diphtheritic croup to recover. He treated his cases with salicylic acid or salicylati of soda and had found the peculiar diphtheritic smell lacking in all cases so treated. He placed little reliance on local treatment and much on supportive treatment—whiskey and milk, and salicylic acid. Would never allow a swob to be used under any consideration.

Dr. Crawford added testimony in favor of stimulants, mentioning the wonderful tolerance of diphtheria patients for whiskey and good results in his hands of what might be thought large doses.

Dr. Grant placed great reliance on local treatment especially in nasal cases. He insisted on thorough local applications day and night, as there was no part of the body in which blood poisoning will so quickly occur as in the nose. He had had good results from tr. iron, 10 gtts. every hour.

Dr. Bracelin thought well of salicylic acid as a preventive and gave it to all the rest of the family at once upon being called to a diphtheria case. If they took it later, it was always in a modified form.

Dr. Preston thought isolation the best preventive.

Dr. Porter mentioned a case which when supposed to be out of danger, suddenly died of paralysis of the heart.

Dr. Preston said there had been a number of similar cases where the death however was in his opinion to be attributed to paralysis or of the respiratory muscles.

Dr. Braunlich thought one familiar with the appearance of the diphtheric heart post mortem, might readily believe paralysis possible. Such hearts were flabby, soft, very dark with spots seeming to be similar to those of amyloid degeneration of the kidney.

There being no further business society adjourned.

JENNIE McCOWEN, *Sec'y pro. tem.*

TAMA COUNTY MEDICAL SOCIETY.

TOLEDO, IOWA, April 27th, 1886.

The regular semi-annual meeting of this society met in Tama

City, Iowa, April 27th, 1886, at one P. M., the president, Dr. Wm. Corns in the chair.

The members present were: Doctors Corn, Berryman, Ormiston, Smith, Joralemon and Hinsdale.

The minutes of last meeting were read and approved.

The society proceeded to the election of delegates to American Medical Association which resulted in the election of Dr. F. L. Hinsdale. Doctors J. S. Ormiston, E. R. Smith and F. L. Hinsdale were elected delegates to the State Medical Society.

Dr. E. R. Smith, the essayist of the meeting read a paper on "Duties of Physician in Ordinary Partuition" which was well received and discussed by the members.

Doctors A. W. Berryman and H. W. Boynton were appointed essayists for the next meeting

The next meeting will be held in Gladbrook, Ia., on the first Tuesday in October.

WILLIAM CORNS, *President.*

F. L. HINSDALE, *Secretary.*

THE LOUISA COUNTY MEDICAL SOCIETY.

The Louisa County Medical Society met at Wapello in the 34th annual session on the 29th of April. The president, Dr. Graham, called the meeting to order at 10 o'clock.

Members present: J. H. Graham, W. S. Grimes, D. McCaughan, D. W. Overholt, M. W. Lilly, F. Tustisan, and A. B. McCaudless. There were also present Doctors H. T. Cleaver, of Keokuk, W. S. Robertson and T. G. Taylor, of Muscatine. Drs. Cleaver and Taylor were charter members of this society, and Dr. Robertson joined it at an early date. Of the ten brethren who met in Wapello April 24th, 1852, and organized this society, five are deceased, three are removed and two are still in the county.

The regular programme was not taken up, the president requesting that we review the subjects under discussion at our last meeting, particularly anti-periodics. Dr. Cleaver remarked that he had liked, very much, quinine sulph. 2 parts, prussiate of iron 3 parts. In regard to large doses of quinine he did not think that

such excessive doses were now-a-days required as seemed to be 30 years ago. He called to mind the case of Mr. John M——, a very robust young man, with a severe attack of intermittent pneumonia to whom he and Dr. Taylor gave 40 and 30 grains of quinine every three hours continuously till he had taken a whole ounce. We all knew Mr. M. and no one ever heard of "quinine sticking in his bones." He liked arsenic combined with the quinine; did not require so much of the latter. In some cases of subacute malarial troubles he had had much satisfaction with the bi. chler. hydrarg. in place of the sub. neuriate. He gave one 1-60 or 1-40 grain granule t. d.

Dr. Overholt thought that changes were taking place in the character of the malarial manifestations from what they were 30 years back. The condition of our soil, climate, and the general surroundings of our civilized life were such that the malarial poison is not now taken into the system suddenly and given off with a shock as in the old types of disease, but is now absorbed slowly and given off slowly in the different forms of neuralgias, stomach troubles, rheumatisms, low fevers, etc., but which were often hard to manage, quinine alone being rarely ever sufficient. He liked tr. iodine in 2 to 5 gtt. doses.

Dr. Graham suggested that if the germ theory of disease was correct, it perhaps explained why the bi. chloride of mercury was so efficient.

Dr. Robertson gives in intermittent fever sub. mur. mercury rhei. pulv. and bi. carb. soda aa 5 ss in three powders and followed at bed time with one 15 grain dose of quinine with directions to repeat it in 24 or 48 hours if any return of the fever. He also thought well of the old yellow Peruvian bark, for though bulky, he had conceived it to be more permanent in its results. Also used tr. iodine and Fowler's sal. where very much engorgement of the liver had found nothing better than phosphate of soda in 15 gr. doses in solution.

AFTERNOON SESSION.

Dr. Tustison brought before the society Mr. N. C. M. as a clinic; Dr. Robertson was asked to examine Mr. M. Age 60; has been running down some for nearly three years and particular-

ly for the past two or three months. Nothing in family history or on examination of heart and lungs to indicate disease of these organs; stomach, bowels, and kidneys acting fairly well; for a good while been subject to spells of excessive flow of urine and clay colored diarrhoæ, especially after being jaundiced for some time; urine never been examined; is badly jaundiced now; appetite poor and strength failing the last month, and coughing some the past week. Also a good deal of shortness of breath at present and bloating under the eyes and of the hands and feet, with yellow waxy appearance of the skin well marked.

Dr. Robertson reported that he found the liver hard and contracted, not being more than half its normal size, though without any pain or tenderness. His opinion was that it was a case of inalignant disease of the liver—amyloid degeneration. He was fearful of a fatal termination. Treatment, bengoric acid 5 grs. one hour after meals and bi. carb. soda 10 grs. before meals; and send him to the mountains. Nearly all present agreed in the diagnosis and in sending him to Colorado. Dr. Taylor would like to give a good chalogogue cathartic endeavoring to arouse that liver once more. Dr. McCandless would advise the moderate use of tobacco again as his giving down had been coincident with his stopping it's use and he has always craved it very much. He thought he had seen one or two similar cases restored in this manner.

Dr. Grimes brought in a clinic, Chester S., age 5 years. Examined by the president. A nervous child, eyes have always danced. Three or four months since paralysis of the legs came on gradually and extended to the upper extremities, all of which became completely paralyzed. The petella tenden reflex all gone. At this time, a month ago, it was discovered that the child had a phimosis with bad adhesions. Circumcision was performed by Dr. Overholt. The child at present is a little improved. Dr. Graham thought it a case of chronic meningeal inflammation, though no tenderness of spine could be elicited even with the hot water test. Treatment, as is usual in such cases. The society seemed chary of opinions about the case and none ventured any special treatment. Dr. Robertson thought the phimosis was simply coincident

and not a producing cause, though the circumcision was certainly indicated. He was rather hopeful of a final recovery.

Dr. Morgan, of Columbus City, requested membership in our society. Referred to the Board of Censors.

Dr. McCaudless asked for certificate of membership and a letter to the Linn Co. Medical Society. Referred.

The annual election was then held which resulted in the re-election of the old officers, which are as follows:

President, J. H. Graham; Vice-President, W. S. Grimes; Board of Censors, D. McCaughan, D. W. Overholt and W. S. Grimes, chairman; Treasurer, F. Tustison; Secretary, M. W. Lilly.

The Treasurer reported a cash balance on hand of \$19.60.

In response to the vote of thanks to Drs. Cleaver, Robertson and Taylor for their presence among us to-day, Dr. R. said that he had come to revive old memories; that at the meetings of our society he saw the earnest face of his father, the late Dr. J. M. Robertson, as no where else; this was his first love; here he was always at home and was well repaid for his visit to-day.

Dr. Cleaver said he had been a member of many medical societies, county, state, national and international, yet none of them held so green a place in his memory. As one of its charter members to it he had given his young manhood's first work. He did not come to-day to give or receive great instruction but as an old mariner would return to visit his brethren and sisters and this reminded him painfully of the old social gatherings with our wives and daughters around the table of our brethren. To-day we go without the ladies to our several hotels. We must forgive him for expressing the thought that the old ways are the best ways.

Dr. McCaughan was then elected a delegate to the American Medical Association, and Dr. Graham a delegate to the State Medical Society.

The programme for the next meeting, at Columbus Junction, May 14th, 6:30 P. M., is as follows:

Dr. Morgan, Thesis; Dr. McCaughan, Essay, Dr. Overholt, Instrumental Delivery.

Resolved, That the Secretary prepare reports of our meetings for publication in THE IOWA STATE MEDICAL REPORTER.—Carried. Meeting adjourned.

REPORT OF CASE.

SECONDARY HEMORRHAGE FROM DIVISION OF THE FRÆNUM PRÆPUTII.

BY A. D. BUNDY, M. D., ST. ANSGAR, IOWA.

At about four o'clock in the morning on the 7th inst, I was summoned to the hotel, and was requested to bring something to "stop blood." On arriving at the room the door was opened by a young man, who said: "This is rather a bloody reception, doctor!" The patient's drawers and the lower part of his shirt were soaked in blood—blood on the bed, a vessel sitting at the side of the bed was half full of bloody fluid, a part of which was water. His penis was enveloped in a napkin, soaked and dripping with blood. He informed me that the afternoon previous a doctor in an adjoining town had made a little surgical operation on him, which, at the time, bled only a trifle; but on his going to bed began to bleed, and continued until I was called. On retracting prepuce I found that the frænum had been recently divided, and a small stream of bright blood constantly welled up from the posterior part of the division. I could not isolate the artery. I snapped on a pair of forceps and ligated *en mass*, no more blood flowed, and a prompt recovery followed.

My object in reporting this, is to call attention to the fact that even in "trivial operations" like this, the possibility of dangerous, if not fatal hemorrhage, should be borne in mind by the surgeon.

EDITORIAL.

EDITORIAL NOTES.

In the next number of the REPORTER will appear a part of the proceedings of the late meeting of the Iowa State Medical Society. On account of the discussions to be given much fuller than ever before, it will be necessary to divide the report and have it appear

in two, possibly three numbers of the REPORTER, otherwise, other matter would be wholly excluded.

* * *

We have received Dr. Lothrop's new Directory, and we have given it a careful examination. It is more free from errors than the last edition. Considering the mass of matter, it is very creditable. It will prove of value to every physician. It contains the fee bills, the laws pertaining to medicine and health, the roster of the Medical Organizations of the State, with the residence, name, date and place of graduation of each physician. Dr. Lothrop has labored hard and earnestly to perfect this work. In the face of his great physical disability, every physician of the State should recognize the Doctor's work, and procure from him a copy of his book. It is with pleasure that we recommend it as being well worth its moderate price.

* * *

A year ago the State Medical Society placed itself before the people as a protector of their interests. How well they have performed their duty, can be answered by the Medical Law. In the following resolution, unanimously adopted, the society assumes a still more important and exacting task, as protector by demanding a higher medical education.

RESOLUTIONS ON MEDICAL EDUCATION.

WHEREAS, There is a growing sentiment in this State and throughout the country, demanding a higher medical education;

WHEREAS, In many of the Medical schools of this country the course of study is too limited, the time too short, the preliminary requirements, the standard graduation too low; And,

WHEREAS, The nominal qualifications of many Medical schools are not strictly observed, therefore, as the sense of this society, be it

Resolved, That the standard of Medical Education shall be elevated.

Resolved, That every student should have a good preliminary education that will enable him to pass a creditable examination on all the English branches, higher mathematics and natural sciences, and that the Medical profession should discharge all students of medicine who cannot pass such an examination;

Resolved, That the time of study should be extended to four years and that its course should contain more clinical and experimental work; and,

Resolved, That the standard for graduation should be higher and the methods for final examination more thorough and that those medical schools which do not adhere strictly to their printed requirements for entrance as students, and for graduation, be looked upon by this society with disfavor and as unworthy of their support.

Under these resolutions, prepared and presented by him, the writer proposes to continue a vigorous prosecution of their principles, and to expose to the profession and to the public everything that comes to his notice which is a violation, in letter or spirit, of these resolutions. There promises to be no lack of material.

PROGRESS.

"This is an age of progress." It would be strange indeed if Medicine, Medical Education and Medical Schools did not imbibe of the spirit and take on progressive robes. They may have been a little slow. They have often been accused of being old-fogyish and narrow minded and cranky, at times; all of this, has probably overloaded them. Happily it is passing away. A new era has begun. A long time ago large merchants waited quietly and patiently at the wholesale centers, for their country brethren to come to them, to buy their quarterly, semi-annual, or annual stock of goods. Competition and the spirit of enterprise made a few of the knowing ones anticipate these visits by making a return call upon the country merchant. This spread like fire, and soon every merchant sent out an agent, or closed his doors.

A balance was again restored, soon to be broken. A few, more enterprising than their neighbors, substituted for the gentlemanly salesman, the drummer, whose stock in trade, other than a knowledge of his goods, is his cheek and length of tongue. The hardest cheek and the longest tongue catching the business.

With this growth of sharp competition, slowly but surely has there been one coming through the medical profession. At first,

students went to a few places in the cities where they received instructions. Competition made new instructors, who set forth in their catalogue the modest statement of a teacher. They next sent forth through the salesmen of the proprietary medicine men, in the form of their endorsement, containing a long list of titles, professorships, memberships, etc., a traveling solicitor, who as salesman, distributed with favorable comment upon his proprietary medicines, and as he calls upon each simple practitioner to leave his sample, he incidentally, as an impressive argument, calls attention to the printed opinions of the great so-so professor, member of numerous societies, etc. Then little hand-bills are left with the pharmacist, for the benefit of the people, with the printed opinion of the great so-so, for general distribution. The tendency of course is to increase the number of students in the college to which the professor is connected, and also the number of his consultation fees from the people who note his favorable comparison with that of the simple country or village "Doctor." All of this is tolerated. It is not "advertising," it is professional. It is adopted by many who are prominent in the American Medical Association, and by many who are not. This has an air of respectability. It is legitimized, *not legitimate*, if we are to be governed by the code.

I have the honor to make the first announcement of the radical improvement, a stride full in keeping with the drift of enterprise. The medical "drummer" has appeared direct from the Central Institution. He passes from town to town, from institution of learning to institution, drumming up students, and dropping, accidentally, by-the-by, remarks "not calculated" to give interested proprietors unlimited advertising. The characteristic cheek and tongue of the drummer is not wanting. It is not the advantages of his school, but the inferiority of all others, that makes the contrast.

There seems to be a striking resemblance between this and the contests for superiority among and between the rival baking

powders. We are not prepared to state who the drummers are, or from whence they come. They are here, there, and on the road. We have seen them, heard them, and conversed with them. It is our object to warn the public and the profession, and to ask them to think of what is to be expected from medical education, wherein competition for numbers is the prevailing quality. We would warn the proprietors of the drummers to be careful, or they may place themselves in a position where the writer may not feel bound to withhold their names and the circumstances.

WHAT IS SAID ABOUT OUR ADVERTISERS.

We find Peacock's Bromides to be one of the best remedies we have ever used in nervous headaches and in cases where a nerve sedative is indicated it acts admirably.—DRS. ROBB & HALL, *Woodburn, Ky.*

I have given Peacock's Bromides a *thorough test* and am pleased to state that after an experience of twenty-five years I have never found any remedy which acts so surely as this preparation does. I am sure that in the near future, especially in the treatment of the brain and nerves, it is destined to take the place of the older preparations to the benefit of both physician and patient.—FRED. B. WOOD, M. D., *456 Broadway, Milwaukee, Wis.*

NERVOUS PROSTRATION.—I used Celerina in Nervous Diseases with marvelous results. Mrs. W., aged 50, for years unable to enjoy or have a good night's rest, flushes of heat, nervous shocks when sleeping, awakening her, loss of ambition, easily startled under any circumstances, a long time recovering from the shock, tremulousness and weakness following, with palpitation of the heart, showing a weakness of the solar plexus and consequently easily irritated, and at times almost despondent even approaching melancholia. Celerina has produced an entire change in all these symptoms, sleeping all night and is refreshed, no shock or flushes

of heat and is calm and as composed as a person should be, one bottle is all that she used, but will not be without it.—F. M. KIRBY, M. D., 1606 Broad street, Philadelphia, Pa.

I have used Celerina and am well pleased with the result. I find it a very valuable remedy in nervous cases, and in one case of mild insanity resulting from change of life in which I had tried all the usual remedies with unsatisfactory results, I found the Celerina to control the difficulty better than anything I had tried, the patient is still using it and is, I am glad to say, improving. I am also using it in several cases of neurasthenia, insomnia, and impotency, with quite satisfactory results.

From my experience I do not hesitate to commend it to the favorable notice of the profession.—H. A. SPENCER, M. D., *Surgeon in Chief, Pennsylvania R. R. Co., Erie, Pa.*

110 PARK ST., GROSVENOR SQUARE, }
LONDON, W. ENGLAND, NOVEMBER 13, 1885. }

MESSRS. WELLS & RICHARDSON CO.,

GENTLEMEN:—Having requested me to give you my opinion, as a food expert, upon your "Lactated Food," I do so herewith.

You state that it contains "The purified gluten of wheat and oats with barley diastase and malt extract combined with specially prepared milk sugar;" in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct.

The food then contains carbo-hydrates, some albuminoid matter and the various salts in grain, notably phosphate of lime.

Such a food can be added to milk and treated in the manner you describe in your leaflet. So prepared with milk it forms an admirable food for infants and dyspeptic persons who require very digestible aliments.

But it has a wider range of utility. The body-temperature is kept up by the combustion of grape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch, or the soluble

sugar. Starch forms a great portion of our food and is converted into grape sugar within the body. Where the system is unequal to the digestion of starch, as in feeble digestion, or conditions of acute disease, then predigested starch must be furnished to the organism. Otherwise the system will perish of exhaustion, just as a fire dies out when its fuel is consumed.

Beef tea contains nothing which can form grape sugar, and in fact is a pleasant stimulating beverage or food adjunct; but without food value practically. (For what food value it has is so infinitesimal that it is not worth counting). But when it has added to it a food such as your Lactated Food it has a distinct measurable food value. Consequently such food should be given with beef tea, and the compound forms a valuable food.

When Lactated Food is placed in water hot enough to be sipped a rapid transformation of the starch remaining in it (by the diastase it contains), goes on; and a nutritive fluid is the result which requires but a minimum of the digestive act.

Such fluid can be flavored and drank as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves or other flavoring agents to give variety—a matter far too much neglected in the treatment of the sick—it can be largely used. Or wine, either red wine as claret, or sherry or port, can be added to it when a little stimulant is required, and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, predigested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such predigested starch and milk sugar are indicated and useful; persons of feeble digestion require these soluble carbohydrates which they can assimilate.

But to my mind an equally great matter is the feeding of persons acutely sick, and especially where there is pyrexia, who now are allowed to perish of inanition on the mistaken conviction that beef tea is a sustaining food. It is in the sick room that soluble carbohydrates have a great future before them.

J. MILNER FOTHERGILL, M. D.

STATE INSTITUTIONS.

IOWA HOSPITAL FOR THE INSANE AT INDENDENCE.

REPORT FOR JANUARY, 1886.

	M.	F.	T.
Remaining December 31, 1885-----	403	310	713
Admitted curable cases-----	2	3	5
Admitted incurable cases-----	6	1	7
Admitted total number treated-----	411	314	725
Discharged recovered-----	--	1	1
Discharged improved-----	1	--	1
Discharged unimproved-----	1	--	1
Discharged died-----	1	4	5
Discharged total number-----	3	5	6
Remaining January 31, 1886-----	408	310	718

REPORT FOR MARCH 1886.

Remaining February 28, 1886-----	409	307	716
Admitted curable cases-----	5	2	7
Admitted incurable cases-----	15	8	23
Total number treated-----	429	317	746
Discharged recovered-----	1	2	3
Discharged improved-----	2	2	4
Discharged unimproved-----	17	--	17
Discharged died-----	2	2	4
Discharged total number-----	22	6	28
Remaining March 31, 1886-----	407	311	718

Very respectfully yours,

GRESHAM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR FEBRUARY, 1886.

	M.	F.	T.
Remaining January 31, 1886-----	254	257	611
Admitted in February-----	22	9	31
Returned from visit during the month-----	--	--	--
Total under care in the month-----	376	266	642
Discharged during the month-----	13	12	25
Daily average under care-----	356	255	611
Discharged recovered-----	6	4	10
Discharged improved-----	1	1	2
Discharged unimproved-----	3	2	5
Discharged died-----	3	5	8
Remaining February 28, 1886-----	363	254	617

H. A. GILMAN, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR MARCH, 1886.

	M.	F.	T.
Remaining February 28, 1886-----	363	254	617
Admitted in March-----	19	8	27
Returned from visit during the month-----	3	1	4
Total under care in the month-----	385	263	648
Discharged during the month-----	15	7	22
Daily average under care-----	368	254	622
Discharged recovered-----	10	3	13
Discharged improved-----	2	1	3
Discharged unimproved-----	--	2	2
Discharged died-----	3	1	4
Remaining March 31, 1886-----	370	256	626

REPORT FOR APRIL, 1886.

Remaining March 31, 1886-----	370	256	626
Admitted in April-----	18	10	28
Returned from visit during the month-----	1	--	1
Total under care in the month-----	389	266	655
Discharged during the month-----	12	8	20
Daily average under care-----	377	256	633
Discharged recovered-----	11	7	18
Discharged improved-----	--	--	--
Discharged unimproved-----	--	1	1
Discharged died-----	1	--	1
Remaining April 30, 1886-----	377	258	635

H. A. GILMAN, *Superintendent.*

BOOK NOTICES.

BOOKS AND PAMPHLETS RECEIVED.

JOURNAL OF RECONSTRUCTION, Vol. I, No. 1. Edited by Wallace Ward, M. D.

SOUTHERN CALIFORNIA PRACTITIONER. Edited by J. P. Widney, A. M. M. D., Joseph Kurtz, M. D., and Walter Lindley, M. D.

JOURNAL OF MATERIA MEDICA, Vol. I, No. 1. X. T. Bates, editor. Subscription, \$1.00 per year.

THE DAKOTA MEDICAL BRIEF, a Monthly Journal of Medicine and the Allied Sciences, Vol I, No 1. F. Andros, A. M., M. D., and H. S. Sevey, M. D., Editors and Proprietors. Subscription \$1.00 per year.

NEW YORK MEDICAL MONTHLY, a Journal of Practical Medicine and Surgery, Vol. I, No. 1. J. Leonard Corning, M. D., Editor. Subscription \$1.00 per year.

IOWA OFFICIAL REGISTER FOR 1886. Compliments of Frank D. Jackson, Secretary of State.

EXPERIMENTAL AND CLINICAL STUDY OF AIR-EMBOLISM. By N. Senn, M. D.

PUERPERAL PYREXIA. By George P. Andrews, M. D., Detroit, Mich.

THE TREATMENT OF VOMITING WITH LARGE DOSES OF OXALATE OF Cerum. By W. R. Chittick, M. D. Read before the Detroit Academy of Medicine.

DIPHTHERIA AND ITS MANAGEMENT. By Joseph E. Winters, M. D., New York.

NOTE BOOK FOR CASES OF OVARIAN AND OTHER ABDOMINAL Tumors. Adapted from the Note Books of Sir Spencer Wells and the Sanitarian Hospital, London. By John Homans, M. D., Clinical Instructor in Harvard College on the Diagnosis and Treatment of Ovarian Tumors. Cupples, Upham & Co., Publishers, Boston.

CATARRH OF THE UPPER-AIR TRACT, ESPECIALLY ITS EFFECTS ON the Ear, with Suggestions as to Treatment—Both Hygienic and Medical. By Samuel Sexton, M. D., Aural Surgeon to the New York Eye and Ear Infirmary. Reprinted from the Medical Record, January 30, 1886. J. H. Vail & Co., Publishers, New York.

FRACTURE OF THE CORACOID PROCESS. By J. Wellington Byers, M. D., Charlotte, North Carolina. Hirst Printing Co., Publishers, Charlotte, N. C.

REPORT OF MERCY HOSPITAL, OF DUBUQUE, IA., FOR 1885.

SYMPATHETIC OPHTHALMIA, WITH OSSIFIC AND CALCAREOUS METamorphoses. By Flavel B. Tiffany, M. D., Professor of Ophthalmology, Otology and Histology in the University of Kansas City. Read before the American Medical Association in the Section of Ophthalmology and Otology, April 28, '85.

ON THE LIMITATION OF THE CONTAGIOUS STAGE OF SYPHILIS, Especially in its Relations to Marriage. Read before the New York State Medical Society, February 5th, 1886. By F. N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases, in the College of Physicians and Surgeons, etc., New York; Surgeon to Charity Hospital, etc. Reprinted from Journal of Cutaneous and Venereal Diseases, Vol. IV, March and April, 1886. Wm. Wood & Co., Publishers, New York.

A NEW DEPARTURE IN UTERINE THERAPEUTICS. THE DRY TREATment. By George J. Engelman, M. D., St. Louis. Reprint from St. Louis Courier of Medicine, January, 1886.

ETHICS OF FEMALE STERILITY. By A. Reeves Jackson, A. M., M. D., Professor of Gynecology in the College of Physicians of Chicago; Fellow of the American Gynecological Society, British Gynecological Society, Chicago Gynecological Society; Chief of the Gynecological Department West Side Free Dispensary, etc., etc. Reprint. The Physician's Magazine, Vol. I, No. 3, Philadelphia.

The Iowa State Medical Reporter;

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, MAY, 1886.

No. 9.

ORIGINAL ARTICLES.

THE QUALITATIVE DETERMINATION OF GLUCOSE.

J. M. BALL, JR., M. D., WATERLOO.

It is not my intention to write to-day of the various qualitative tests for glucose, many of which are of doubtful value but rather to confine my remarks to qualitative analysis.

It frequently becomes necessary for the physician to make a quantitative estimation of the glucose present in the urine of a diabetic patient and, in fact, one cannot draw correct conclusions as to the value of a remedy without knowing, from day to day, its influence on the elimination of sugar. Having determined with certainty that our patient is passing glucose, we wish to know how much he is passing.

There are several methods at our command such as Fehling's volumetric test, Pavy's test, Robert's fermentation test and the method of estimation by the polariscope. Fehling's and Pavy's methods are sufficiently accurate to deserve our attention; the method by the polariscope is in use in the glucose factories and leaves nothing to be desired as regards the accuracy but is not practicable.

Fehling's volumetric method is based in the fact that, by the aid of heat, a known quantity of Cu. Sate, in the presence of an alkali, is reduced to Cu.oxide by a definite quantity of glucose and the color of the solution is changed from blue to red.

The formula of Fehling's test is as follows:

R _y Cu-sate C. P.-----	40 grammes.
Potass. tartrates -----	160 "
Liquor sodæ -----	750 "
Aquæ -----	ad 1154.5 ℥. ℥.

Our calculations are based on the fact that one ℥. ℥. of Fehling's solution is decolorized by exactly 5 mgr. of glucose. The only objection to this test is that the calculations must be made in the metric system.

Much more convenient to one accustomed to the metric system, but not as accurate is Pavy's solution which consists of cu-sate gr. 320 dissolved in 5X of distilled water; and neutral tartrate of potash gr. 640 with caustic potash gr. 1,280 also dissolved in 5X of distilled water. These solutions are to be kept separately and mixed when needed; one hundred minims of the mixture are decomposed by half a grain of glucose. In using Pavy's solution, the apparatus needed consists of a pipette of one hundred minims capacity, graduated to one minim, and a porcelain capsule to hold the solution while it is being heated. When Fehling's method is used more apparatus is required consisting of a Mohr's burette of 50 ℥. ℥. capacity, graduated to tenths of a ℥. ℥.; a burette stand, volume pipettes, a porcelain capsule and a pincette to regulate the flow of urine.

The undiluted urine except it contain only a trace of glucose, cannot be used with either of the tests mentioned above; the most convenient dilution is the one-tenth. In using Fehling's solution we proceed as follows: by means of a pipette we measure exactly 5 ℥. ℥. of the urine to be tested and transfer it to the burette; we then add sufficient water to bring the contents of the burette to the zero mark; the burette is then to be shaken so that the urine and water will be thoroughly mixed. We then measure 5 ℥. ℥. of Fehling's solution and transfer it to the porcelain dish and dilute it with 10 or 15 ℥. ℥. of water so as to diminish the intensity of color; heat from the flame of a spirit lamp is then applied to the solution which should retain its blue color and show no precipitate. The solution is to be kept boiling and the urine is added drop by drop from the burette until the blue color has entirely disappeared. Five ℥. ℥. of Fehling's

solution having been taken, it follows that the diluted urine removed from the burette must have contained 25 mgr of glucose; supposing that 2 c. c. of diluted urine were removed from the burette of 50 c. c. capacity, it follows, that the contents of the burette contain 625 mgr. of glucose and since we placed 5 c. c. of undiluted urine in the burette, it follows that 1 c. c. of undiluted urine contains 125 mgr. of glucose or 1 litre contains 125 grammes of that substance. To convert the 125 grammes into grains, we multiply by 15.434 which gives 2049.35 grains in 1 litre; a litre being approximately equal to 34 fluid ounces, we find that this specimen of urine contain 60.27 grains of glucose to the ounce, truly a large amount but not as large as sometimes observed in one of my patients who has been known to pass 70 grains to the ounce.

Having spoken of Fehling's test somewhat extensively, it will perhaps not be out of place to mention some of the objections to it when used for *qualitative* work. In the first place, glucose is not the only substance which has a reducing action on this test; for, if we take Fehling's solution, add some uric acid and boil it, we get the same reddish precipitate with loss of blue color and the same property is possessed by the urinary coloring matter, purpurine. Since uric acid and purpurine are present in normal urine and are found in great excess in the condition known as lithæmia, it follows that the objection is a serious one for it would be easy to mistake a condition of lithæmia, with great excess of uric acid, for a glucosuria or even a diabetes mellitus. In seeking for traces of glucose it is necessary to remove these substances by the following process to the urine add an alkaline solution of basic pb. acetate which precipitates both uric acid and purpurine; then filter and to remove the lead, pass hydrogen sulphide gas through the solution filter and pb. sulphide remains on filter paper and hydrogen sulphide is in solution; heat is now applied to drive off the hydrogen and the sulphur can easily be removed by filtration. The urine is then ready to be tested for traces of glucose.

The second objection is in the presence of ammonical compounds in the urine. If we take Fehling's solution, add aqua ammonia and urine containing glucose and then apply heat we get a tardy yellowish red precipitate—tardy because the presence glu-

cose cannot be shown until after the ammonia has been driven off by heat or, in other words, ammonia prevents the reducing action of glucose upon copper. Hence great care must be exercised in the examination of ammonical urine.

For general qualitative work, I make use of the following solution which is recommended by Prof. Haines of Rush College.

R/ Cu. Sulph-----	gr. XXX
Glycerine-----	℥ij
Caustic Potash-----	℥iss
Water-----	℥vi

S. dissolve copper and glycerine in part of water and potash in remainder; then mix two solutions. Take ℥i of this solution, boil and add 10 minims of the suspected urine. The presence of glucose is shown by an abundant red precipitate.

HYDROCEPHALUS IN UTERO; A CASE.

BY F. H. LITTLE, M. D., MUSCATINE, IOWA.

Late in the afternoon of April 23d I was called to see Mrs. S., a stout young German woman, the mother of a healthy boy of about two years of age, and at this time in labor with her second child. The husband urged great haste, and asked me to take my instruments, as his wife had been some hours in labor, and he feared she would die unless soon delivered. I arrived at the house in due time, and found another physician in charge of the case, who upon inquiry told me that labor had begun a little before noon; that the presentation was the first position of the breech, and that the entire body was born a few minutes after his arrival, the head still remaining in the cavity of the pelvis. He further stated that all his efforts to dislodge the head and complete the delivery had been futile, and that no progress had been made since the body was born.

Upon examination, I found the woman in a very much exhausted condition, with but little or no pain, and greatly discouraged.

Upon further examination, I found the body of a well formed female lying between her thighs, with a large solution of continuity in the lumbar region, the result of a ruptured *spina bifida*.

The child was dead, and had been so for sometime previous to birth, as well marked past mortem changes were noticable on various parts of the body. Passing my hand into the vagina I found the face in the hollow of the sacrum and the occiput under and above the symphysis pubes. Introducing two fingers in the mouth I was able by a good deal of force to pull the head down about an inch, but could move it no further. I then administered chloroform and applied my Elliot's forceps, but with no better result than before. All the force I dared exert did not move it the fraction of an inch. I then passed my hand up into the vagina, and above the brim of the pelvis could feel the outlines of a great head instantly I diagnosticated hydrocephalus and decided to perforate.

Introducing a Thomas's perforator carefully along my finger until I had the point imbeded in the integument just beneath the occipital protuberance, and then screwing it through the occipital bone I entered the cranial cavity with this instrument very easily. Upon raising the concealed cutting blade of the instrument and dividing the bone and integument, there was a great gush of fluid and a lessening of the size of the abdomen, which until this time looked as though there might be a double pregnancy, it was so large.

Passing a crochet into the cranial cavity, I dislodged the various bones of the skull (which were but partially developed) and so reduced the size of the head, that by the aid of two fingers in the mouth the delivery of the head was very easily accomplished. I immediately delivered the placenta, which was normal, the uterus contracted nicely, and in an hour the patient had recovered from the effects of the chloroform, and was very comfortable, and in fifteen days was able to be up and dressed. The after-treatment consisted of hot vaginal douches, twice daily, of a 1 to 500 bi-chlo. solution.

By permission of the parents I was allowed to take the child, and the next day exhibited to the Society of Physicians and Surgeons of this county, which met at this place.

The measurements of the head were taken by several members of the Society, and were as follows: (after the head was collapsed



from perforation): Circumference 26 inches, occipito-frontal 17 inches, and from one auditory canal to the other 18 inches.

Robert Lee reports 5 cases in his *Clinical Midwifery*, in which all were lost from rupture or inflammation of the uterus. Getchell in his *Encyclopædia of Obstetrics*, just issued, makes no mention of these cases. Nor does Meigs in his treatise, so it seems these cases are quite rarely met with, or if they are, no mention is made of them, at least by American authors.

CORRESPONDENCE.

OUR CONSTANTINOPLE LETTER.

CONSTANTINOPLE, TURKEY, April 26, 1886.

DEAR DOCTOR:—Since furnishing your journal with a few items from Cairo, it has occurred to me that perhaps what I have seen and learned in this most beautiful city may be of interest to your many readers, hence I send you another letter.

Constantinople is a city of about one million inhabitants, five hundred thousand of whom are Turks, professing the religion of Mohamed. The location cannot well be improved. The Bosphorus comes down from the Black Sea with a strong current and flows into the Sea of Marmora, which continues in the Dardanelles, to the Mediterranean.

Constantinople is really four cities in one: Stamboul, the old city of Constantine, lies on a rising piece of ground, ending in a rather round, broad top, between the Sea of Marmora and the Golden Horn; Galata and Pera Aln occupy a hill and slope north of the Golden Horn, and on the west shore of the Bosphorus; Scutari lies on the hilly east shore of the Bosphorus in Asia Minor. These four cities constitute Constantinople, which by reason of the natural facilities for drainage, should be the healthiest city in the world. But the Turk sadly neglects everything except the Koran, which so thoroughly teaches him the doctrines of fate that he takes little or no interest in improvements which are calculated to prolong life.

The opportunity for a complete system of drainage is as good or better than is possessed by any European city, and yet no scheme has successfully matured giving this boon of health protection to the large number of people now needlessly exposed to the germs of contagion. Here and there may be found a short sewer, the result of some reformation excitement, but the surface of the ground and the streets receives nearly all the public and private filth. The dogs are of special service here. There are thousands of them, and yet only an occasional one has an ownership. They are of medium size, yellow in color, with the general physical appearance of the wolf. They live entirely on the street, each pack having a section which they consider their own, are faithfully on the watch to see that it is well guarded. On the length of an ordinary block there will be about six or eight. They sleep on the warm sidewalk or in the gutter. Everybody turns out of the way for them, and unless interfered with, they attend strictly to their own business, their duty being of the scavenger kind, they keep the streets free from decomposing organic matter and themselves fat. At night they keep up a howling sort of serenade, which in connection with the street policeman's pounding of the stone pavement every few minutes, does not tend to promote quiet and sleep to the itinerant.

The water supply is much better than that of Cairo, although not very good. For many years it has been collected from rain and snow in an open reservoir or basin some six miles away, and conducted to the city in iron pipes, the supply always being governed

by the amount of water collected. Recently a French company has connected the city with Lake Dercos, some twenty miles away. The price for water is high and the quality of the supply not very good.

Just now the cholera is causing considerable anxiety in the orient, and many of the ports are enforcing quarantine and fumigation, much of which is of no importance whatever. To illustrate: upon arriving at Alexandria, Egypt, on the steamer "Lombardy, Austrian Lloyd," we were placed in temporary quarantine on account of the steamer having stopped at Venice, where cholera was alleged, (I had been there a few days before in the hospital) although its existence was contradicted. We were all told to get ready our unclean linen for fumigation purposes. The Egyptian officials made pompous display of the "crescent and the star" in exercising their authority. In placing my bundle in the state room, I put it where the official did not see it, and thinking it important to give all proper assistance, I followed him and explained the omission, when he answered me saying, "never mind, hide it in your valise." This suggested the farsical procedure of protection in connection with fumigation and quarantine. Much of the extreme strictness in regarding quarantine necessary, is due to the jealousy and prejudice existing between nations. Just now Turkey and Greece are at swords points; so quarantine becomes a useful factor in causing them to keep as far away from each other as possible.

I have been making a careful and rather thorough examination into the college and hospital systems now operating in the city of Constantinople, with Mr. D. N. Richardson, of Davenport, I visited the Imperial School of Medicine, where every possible courtesy was shown me by Professor Ashmed Pasha, Dean of the Faculty. The professors were in session, conducting examinations of students. This season is the time when they close the second semester, (session), hence the examinations both here and in Egypt. Before entering into conversation, the Turkish custom of serving coffee was gone through with, all the professors drinking to the profession of America. Dr. Hussien, Professor of Medicine and Sub-Director of the Civil School, was designated to give us attention. The college is connected with a

hospital. Before graduating, the student must spend six years in study. The sessions are nine months each. Most of the students board in the building and pay about one thousand francs per year. The number of graduates are annually in the vicinity of sixty, the entire class numbering between three and four hundred, and nearly all Turks—there are, however, a few Greeks and Americans—but the language of the faculty is Turkish. I observed that most of the teaching force, twenty-two in all, had been to France to receive their education. The students looked and behaved very much the same as medical students elsewhere. I could not understand their language. The class songs and the cheering of the teachers by clapping of hands reminded me of home customs. The lecture rooms are inferior in ventilation, light and setting accommodations. The American student would not tolerate the seats which are common here. The chemical laboratory is fair, the collection being made up of stones, fossils shells and apparatus. The facilities for pathological work are very poor. Dissection material abundant. The museum has but few specimens, and the few which do exist seem to receive but little attention.

The hospital is composed of long, one-story buildings, made of wood, about twenty-five feet wide, twelve feet high and with a longitudinal partition running through the entire length. The beds are dirty, and the smell of the wards is suggestive of uncleanness throughout; carbolic acid and iodoform are used, but evidently not in quantity sufficient to deodorize the accumulations of decomposition. How patients with severe operations can live when placed in these apartments I cannot understand. Ovariectomy is not practiced here. In fact, I was told that the Turkish women did not have ovarian tumors. I presume that failure to properly diagnose is the real cause of this statement.

While I felt satisfied with the kind attention given me, I came away with the impression that retrograde medicine is abundantly illustrated in the Imperial College and Hospital. Most of the nations having representation in Constantinople have small hospitals, so that good care can be assured to their citizens, whether in service or on a visit. I had much pleasure in visiting the English hospital (marine), which is well conducted by Dr. Patterson (Bey),

and his American assistant, Dr. O. Kevork. It does not seem possible for progressive medicine to flourish where the Koran is the sole guide for instruction and action as it is here.

I went the other day with Mr. Richardson and Mr. Sickels, two American friends to Scutari, Asia Minor, to see the howling Dervishes who in addition to doing many foolish and absurd things attempt to cure the sick by the actions of a high saint whom they always have with them. The "meeting" is opened in a small old mosque. A fee is charged except from Mohamedans. There is a ring of about twenty-five feet in diameter. The high priest stands on one side and the Dervishes arrange themselves opposite to him in a line each one having the skin of some animal upon which, for a considerable part of the service he kneels. They ring a horn'd howling sort of music (?) during the whole service which is about three hours long. After remaining on their knees for about an hour with their heads upon the floor they rise, walk around the room a few times and then commence the real scene. It is difficult to describe the extreme bodily motions. Such contortions and gyrations can hardly be imagined. They really seemed wild—sweat in great quantities would run from them and the exhaustion seemed impossible to bear, yet they kept it up for at least two hours. Towards the last of the service the healing of the sick commenced. It was a sort of clinic although not a word was spoken except the continued howling of the members. The patients were admitted or brought in on beds and placed before the high priest on the floor with abdomen down or up as he directed. Patients were of both sexes and of all ages, say from two years up to seventy. The high priest would walk over and then *stand* on the patient small or large. I noticed that he stood so that the weight would be distributed over the pelvic arch. The right foot on the pubes or sachoum, according to which position the patient assumed, and the left are resting upon the abdomen or back. He would stand about a minute during which time he would go through some motion. Patients would get up crying and hurry away. Sometimes he would stand on the joints in case of rheumatism or synovitis. In one instance he arranged several in a row, belly down, and took several walks across them when the patients would get up and

limp away. In some instances he would blow over them and pass his hands mysteriously in different directions. Water was brought and "loaded" with wonderful power for the sick who could not come.

Now what chance is there for medical science in a country where nearly all of the natural citizens believe in such nonsense which, by the way, is sustained by the government. It seems to me from what I have seen that the Koran has more real influence over the Mohamedan than the bible has over the Christian. The Turk takes pleasure in carrying out the instructions of Mohamed and it does not matter whether the duty is performed in public or in private it is done thoroughly. I have been led to make some inquiries into the multiple wife feature of the Turkish life and find that the harem is not the institution which I had formerly supposed it to be. A harem is a Turk's home and he may have one wife or many. The poor man is restricted to a limited number from one to four, but he may have concubines women to whom he is not married. The Turk of rank or wealth may have as many wives as he chooses, and concubines or slaves besides. The present status of the harem is not owing to the great expense incurred in managing them it is supported by only the rich and titled class—I mean the harem where more than one wife is kept. Each woman of the harem has many wants and slaves are usually owned as servants. The eunuch is the trusted party of the harem and is as a rule purchased from the Soudan country. There are two kinds of eunuch each having a different value according to their qualities. They are prepared for eunuchs in infancy, one preparation is to remove the testicles. This is not the most satisfactory for the proprietor because erections without the testicles occur and the eunuch has been found attempting to gratify the wants of the mistress. So a eunuch without either penis or testicles is the most valuable. The operation for removing both organs consists in the infancy of cutting all away with one sweep of the knife and then standing or burning the child in the sand leaving the head above the surface. If he dies all right, but if at the end of two days he survives he is taken out and all hæmorrhage having ceased he is permitted to get well. It is stated, curious

enough, that a contraction of the obscure mouth of the urethra does not occur. Those who have amputated the penis know how troublesome the meatus becomes when the membrane is not properly secured. Eunuch number one brings from one to three hundred dollars. Eunuch number two brings five hundred dollars. In color they are intensely black, usually tall, flat face, scarcely any nose except a couple of fluted pieces of flesh over a large everted upper lip, the lower lip rolling over towards the chin. The voice is soft and high pitched. These fellows have the freedom of the harem and supply all of the wants possible to the wives or concubines. One would suppose that the offspring at the harem would be large with such facilities at command, but such is not the case. The main reason being that systematic prevention of conception and when pregnancy has occurred abortions are produced, of course not in every case but in such cases as the master of harem directs. Turkish women generally incline largely to these practices consequently the citizens of the empire are not increasing as they would under other conditions and circumstances. For preventing conception they use a piece of "bitter wood" an inch in diameter and about eight inches long. After the completion of the sexual act they proceed with this cylinder of wood introduced into the cavity of the vagina to mutilate the parts until free hemorrhage occurs when they consider themselves safe.

Should one of the wives of the harem have "twin boys" she immediately "passes to the head" and becomes the most important woman in the harem even if the number should be large. The rule is that a woman is of no account unless she demonstrates her ability to bear children and in the event of sterility her husband may send her away at any time. No knowing how much vaginal or uterine pathology these women have as a result of their cruel treatment of themselves for examinations of the organs are very rarely permitted by the husband or owner of the concubine. When a man buys a wife he pays two-thirds down and he owes her or her father the remaining one-third so long as he may keep her but should he send her away, which he can easily do, he must pay the other third. Should she go of her own accord, as she may do for cause, he need not pay the other third. When the woman

leaves by discharge or otherwise she cannot marry for three months so that she may show that she is not pregnant. A man may marry a discharged wife twice without interference but he cannot marry her a third time without her in the meantime having been married again. The custom of a third time marrying the same wife is interesting. For very slight offenses the wives are sent off and the man repents and wants her back. When the third time comes he is humiliated by having her marry some bought up or friendly selected party who rooms with her in a room under which the aspirant for the "third time" must spend the night alone. Are the conditions of purgatory less severe? The Turkish women are as a rule true to the Turk. There is not a house of prostitution conducted by Mohamedans in Constantinople. The English and other European representatives supply these immoral accommodations. There is much more that could be said concerning the Mohamedan Turk and his life which would be interesting but my letter is already too long so I will wait for another occasion.

W. F. PECK.

SOCIETY REPORTS.

THIRD ANNUAL MEETING OF THE IOWA U. OF M. MEDICAL ALUMNI ASSOCIATION.

BY ROSA UPSON, M. D., MARSHALLTOWN.

DES MOINES, May 19th, 1886.

The third annual meeting of the Iowa U. of M. Med. Alumni Association was called to order at 4:00 P. M. by President John North, of Keokuk, in the Y. M. C. A. rooms.

The usual business of such associations was taken up, and reports of various officers and committees received and approved.

The executive committee reported that Professor A. B. Palmer, Dean of the Medical Faculty of U. of M., was in the city, at the urgent request of various members of the Association, and would be with us in the evening, when preparations had already been made for a banquet, addresses, etc.

Drs. Finlayson and Worden, of Des Moines, and Dr. Huntsman, of Oskaloosa, were appointed as committee to call a meeting of the Alumni U. of M. in U. S., for the purpose of organizing a National Association U. of M. Alumni. Said meeting to be held in Chicago at such time as could be determined upon.

A motion was made and carried that the Secretary be instructed to invite Professor C. L. Ford, of the University of Michigan, to be present at the next meeting, or in case of the inability of Dr. Ford to be present, some other prominent member of the Faculty.

The following officers were elected for the ensuing year:

President—Ira K. Gardner, New Hampton.

First Vice-President—David DeTarr, Boone.

Second Vice-President—Laura L. Liebhardt, Des Moines.

Secretary and Treasurer—Rosa Upson, Marshalltown.

Toast Master—G. B. Ward, Fairbank.

The members present at the meeting were: John W. Cully, '73, Chariton; R. A. Dunkelberg, '80, Denver; David N. DeTarr, '80, Boone; Willard Eddy, '63, Waterloo; Perry Engle, '71, Newton; P. J. Fullerton, '79, Raymond; Ira K. Gardner, '70, New Hampton; A. W. Garlock, '67, Dayton; H. C. Huntsman, '51, Oskaloosa; Woods Hutchinson, '84, Des Moines; F. C. Jones, '80, Herndon; Laura L. Liebhardt, '84, Des Moines; George A. Marietta, '80, Clarion; John Worth, '68, Keokuk; C. H. Pinney, '64, Council Bluffs; A. E. Parkes, '74, Kossuth; J. S. Roome, '66, Calmar; Rosa Upson, '81, Marshalltown; A. L. Worden, '79, Des Moines; W. T. Wright, '82, Denison; W. M. D. VanVelsor, '79, Humboldt; G. B. Ward, '80, Fairbank; E. G. Young, '81, Hazleton, and H. D. Chamberlain, Nevada.

Meeting adjourned to 9:00 P. M.

Upon reassembling in the evening President Ira K. Gardner introduced to the Alumni, Dr. H. C. Huntsman, '51, of Oskaloosa, the oldest living graduate of the U. of M., who delivered a very able and pleasing address of welcome to "Our Dean."

Dr. Palmer followed him with one of his characteristic speeches, full of humor and overflowing with the best of advice and old reminiscences, with a sketch of each of the Faculty, from the beginning of the U. of M. until the present time, not forgetting one

familiar to all, Nagley. He consumed the usual "55 minutes," after which we were all seated about a beautifully-adorned table and a bountiful banquet.

After each had done justice to the spread before them, Toast Master Dunkelberg read the following toasts, each of which received responses:

Our Honored Dean.—May his shadow never grow less. Responses by G. B. Ward, '80, and George A. Marietta.

"The Ladies of Our Association.—An honor alike to their sex and to us all." Responses by Laura L. Liebhardt, '84, and F. C. Jones, '80.

Our Alumni.—May their numbers increase as the years brighten the honors won by their elders. Response by A. L. Worden, '79.

Our Faculty.—Whose learning generously bequeathed to us has brought us our portion of success. Responses by Woods Hutchinson, '84, and David DeTarr, '79.

"Our Boys."—Let the *girls* speak for them. Response by Rosa Upson, '81.

Our *Alma Mater*.—Dear to all who have stood within the shelter of her arms. Response by John North, '69.

Our State.—The home of our adoption and of prohibition. Response by Ira K. Gardner.

The "Laws."—Our college antagonists at Rushing. Response by C. A. Dudley, Attorney.

Dr. Palmer was then invited to give us a chapter on Homœopathy and its Prospective Future in Ann Arbor, which was greatly enjoyed by all present.

A number of invited guests were present at the banquet.

At a late hour the Association adjourned, loth to bring to a close so pleasurable a meeting, but feeling better, truer, more hopeful and ambitious in future work, from having once more grasped the hand and looked into the face of "Our Dean."

REPORT OF THE THIRTY-FOURTH ANNUAL MEETING OF THE STATE MEDICAL SOCIETY, HELD AT DES MOINES, MAY 19-21, 1886.

FIRST DAY.—MORNING SESSION.

The association called to order at 10:30, A. M., by the president, D. W. Crouse, who said: "Gentlemen, we will please come to order. The first on programme is prayer by the Rev. Geo. C. Henry, and the audience will stand while he offers invocation."

The report from the committee on arrangements, of which Dr. Hanawalt, of Des Moines was chairman. It was moved that those names read, as being registered, be received as members of the State Medical Society. Carried.

It was moved that Dr. Philpot, who presented credentials from the State Medical Society of Nebraska be accepted as a delegate. Carried.

Then came the reading of the notes from the absentees which were as follows:

Dr. J. A. Scroggs, Keokuk, wired:—

"Unavoidably detained, am sorry I cannot be with you."

Also notes from Doctors Hobby, Hill and Skinner.

After this Dr. Cruttenden, of Des Moines, offered the following resolution; stating that the object in presenting it was to save time:

Resolved, That a committee of five be appointed by the president, to whom all communications on Medical legislation or Medical education be presented, and that such committee report during the afternoon session of to-morrow.

This resolution was adopted and the following committee was appointed: H. A. Gilman, Mt. Pleasant; Jno. North, Keokuk; W. S. Robertson, Muscatine; E. H. King, West Liberty; G. A. Meredith, Ames.

After a spirited discussion by Drs. Watson, Jenkins, Huntsman and Simonton as to the advisability of remitting fees once paid by members on account of absence from the society, it was moved and carried that the dues paid by Dr. Cleaves, be remitted her, and she be elected a member of the society by invitation. Carried.

It was moved that we do now adjourn. Carried.

FIRST DAY.—AFTERNOON SESSION.

The meeting was called to order by the president at 2:30 P. M.

Supplimentary report of the committee on arrangements.

An invitation was given to those who had not already done so, to sign the constitution and by-laws.

W. F. Peck, Naples, Italy, telegraphed:—

“Far but near, pleasant, profitable session.”

The vice-president took the chair and the society listened to the annual address of the president with marked interest. After its reading it was referred to a special committee, consisting of Drs. Williamson, Stables and Dr. Wright, of Carroll.

After this, came the reports of the sections.

G. R. Jenkins, Keokuk, chairman, made the report on the section of medicine. The report was accepted and discussed by several present, among whom were Dr. Olney, Ottumwa. He could not accept all that the paper contained, yet he supposed he would have to do as the apostle said, “Hopeth all things, endureth all things, believeth all things.” He guessed he would have to embrace it all. He was skeptical of new theories; he remembered once, years ago, during the war, a physician thought he had discovered the sure remedy for remittent fever; but, alas, the expectations of the discoverer were doomed to fail, and the remedy and its author soon sank into oblivion. Many people think they have discovered things of great value in the medical profession, but when subjected to the test of time they prove to be worthless; so in the case before us, while Pasteur’s plan may work in many cases, the results so far have not been sufficiently satisfactory to admit them as infallible.

Dr. McNutt, of Des Moines, said he was greatly pleased with the paper—it gave such a nice description of Pasteur’s labors. He was not a full believer in the theory, for the reason that he (Pasteur) had had some very queer experiences, and many of the cases had not been successful. He would not submit to be bitten by a mad dog, to have a test made on himself, even though there was a possibility of escape from the rabbies by the fourteenth to the sixteenth inoculations. Rabbies is preventable only by the destruc-

tion of the animal, and the surest way to accomplish that is to cut his tail off just behind his ears. But the next section of the chairman's paper, the discoveries made toward preventing yellow fever, he thought worthy the attention of the most profound philosophers and scientists. The disease is a very subtle one in its action, and hard to control.

Dr. Shrader, of Iowa City, didn't rise to discuss the paper, for, in his opinion, it did not admit of much discussion. He wished to thank the doctor for giving such a nice description of the experiments and successes of Pasteur. He thought there was no question but that something would be definitely known within a year, as to the nature of yellow fever and a prevention for the same. He would move that further discussion on the paper be deferred, and it be referred to the committee on publication. Carried.

Upon a statement that the authors of two papers of this section, were not present, it was moved that they be passed by, and that they be placed at the foot of the list. Carried.

It was moved by Dr. McClure that Drs. Huntsman, Worden and Hutchinson be appointed to wait upon Dr. A. B. Palmer, Ann Arbor, Mich., and extend to him a cordial invitation to meet with us at such time as will suit his convenience. Carried.

S. B. Thrall, Ottumwa, read a paper entitled, "1850, Therapeutics and Materia Medica, 1886."

Dr. Olney opened the discussion on this paper; he wouldn't say much, but he thought that the lance had been done away with so many years that its real use and utility was often lost sight of; that it could often be used in cases of inflammation where it would prove more effective than arterial sedatives. He reported two cases wherein he was sure the lives of the patients could have been saved had the lance been used instead of other means.

Dr. McClure, of Mt. Pleasant, thought the doctor always struck the nail on the head two or three times before he left a subject. He thought great changes had taken place in medicine as regards what chemistry and pharmacy had to do with the profession; that is, in regard to the preparation of medicines; he thought the profession had been a little slow in adopting the improvements, until quite recently. It is very important that physicians endeavor to put

their prescriptions in as palatable a form as possible; sick people are easily nauseated, and it is to the advantage of the practitioner, as well as to the patient, that medicines be as palatable as possible. He would confess that some of these compounds were not as pure as they should be, but he thought if the physician was careful about the compounding of the medicines, in a majority of cases, all would be right.

Dr. Jenkins said, there had been great changes in *materia medica*, of late. Every little while an agent walks into his office and wants to show him some very fine compounds of drugs, something new that has never before been placed upon the market. He opens his case and begins showing a lot of patent nostrums, takes up my time, etc., until I get perfectly disgusted. I think if a man would take the advice of these agents and be using these new remedies he would at the end of fifty years' practice know no more of the subject of medicine and treatment of disease than those of three or four years' practice, because he would be continually changing from one to another, and so never become an experienced and successful physician. He holds fast to the mercurials because experience is now bringing them back. These old remedies are coming back. The most successful physician to-day, gentlemen, is he who uses the mercurial treatment the most, intelligently of course. We should never throw away an old remedy until it fails. A voluminous *materia medica* is bad.

Dr. Smith, of Charles City: Mr. president and gentlemen:—I hardly know as I can say anything on this subject, but since I began practicing in 1850, about thirty-six years ago, I note the many changes made with much interest and the paper just read I can fully appreciate. The doctor always gives something good, but I feel under obligations to sound a note of warning, and I have often questioned the business of the physician, whether it was to prescribe medicines or to cater to the interests of the pharmacist. There are a great many cases where we would, if we had the moral courage to do so, and the people were educated up to the point, prescribe no drugs at all. It is to the interest of the druggist to give us a great many new remedies, and of course, we are under obligations to them to a certain extent, but a great deal that passes for

good is simply trash and it requires a good deal of discrimination on the part of the physician to distinguish between the good and the bad. Sometimes when our patients come to us and just because they feel a little bad we prescribe some drug, when the real trouble is one that drugs cannot allay, but one which they need is a little rest from their work and a change of atmosphere and surroundings. I think that in the 36 years to come there will be less prescribing of drugs than at the present time.

Dr. Watson, Dubuque, indorsed Dr. Thrall's paper, in the majority of points he realized the progress that had been made in the use of drugs, and one point particularly was in the quantity administered.

Dr. Smith says he thinks we prescribe too much medicine, I think the majority of us do not give it in such large doses as we used to do. He remembered that in 1850 doses were very much larger than are now given. In regard to the lancet he thought that by the use of it, occasionally, we would do ourselves better justice and save more patients. Our lancet has been so little used that we have either left it at home or we do not have it with us. It is only occasionally as in the case of apoplexy that it is used—that bleeding is persisted in. In 1850 if a man was hurt in one arm the other was bled to put the arm hurt at rest. He thought the manufacturing chemist was the worst enemy of the prescribing physician for the reason that he furnished medicines in a very pleasant form, and we forget—it is too much trouble to look up and keep in mind the physiological action of medicines,—and we lose all knowledge of the effects of the various drugs. I endorse fully, he said, the advisability of making medicines palatable, but I would advise the physician to make his own elixirs, cordials, etc., making out the prescription and having it filled according to his own directions. He did not think it was right to give to our patients a compound containing two or three articles that we knew nothing about simply because it had one in that we did not know was good. Dr. Gardner moved that the further discussion of this paper be postponed until after the section of therapeutics. It was agreed to go forward with the discussion.

The following questions were presented by Dr. Hanawalt, for the committee on arrangements:

Shall delegates, when already permanent members, pay the initiation fee of \$3.00, or the annual fee of \$1.00?

Shall delegates, already permanent members, sign the constitution as such, as is required of delegates who are not members, or not?

After a little discussion it was moved that these questions be referred to the committee on ethics.

The last paper in the section of medicine, entitled "Acute Forms of Dysentery" by Dr. McNutt, of Des Moines, was read and upon motion, received. The discussion was commenced by Dr. J. W. Smith, who said: "I think the paper is a good one and I think this to be a very good question for some of our younger men in the profession who stumbled into a district infected with acute dysentery. They might read this paper with profit. A friend of mine once told me a little of his experience." He said that somewhere in New York he treated quite a large number of cases of severe malignant dysentery, his one treatment was opium, and every case got well. Afterward, went to Wisconsin, and in the neighborhood where he was located, there arose an epidemic of acute dysentery. He treated these cases in the same way and nearly every one of the patients died. We must infer from this that different cases require different treatment, as the doctor has suggested. At the hospital, we found that elevating the bed at the foot had an effect to check the flow. At times a mild laxative is the best thing that can be given, at other times an enema is just as good or better, and the sulphate of magnesia treatment is sometimes very successful. I have seen cases where it did well. I have seen cases where injections were the worst thing that could have been done. I have learned that in acute cases it is not well to give the patient anything of the nature of solid foods. Milk, porridge, etc., is the only safe way to administer food to such cases. I have also learned that if the skin can be made to act well it is a gain. For my part I have found that acute dysentery has often proved as fatal as scarlet fever or diphtheria and it requires about as careful a treatment as

either of them. I have never seen a malignant form of dysentery in Iowa but once or twice.

It was moved and seconded that the paper of Dr. McNutt be referred to the committee on publication. Carried.

As no other members having papers in the section of medicine were present, Dr. Staples moved that immediately after adjournment the members of the several districts met together to select a member for the nominating committee. Carried.

It was moved that inasmuch as Dr. Staples, chairman of the section of public health was obliged to return home to-morrow—second day of session—and his paper was fixed for the third day that his section be taken up and discussed for the remaining hour. Carried.

Dr. Staples read a paper on "Contamination of Potable Water of our River Cities."

The paper was received, and as there seemed to be no discussion, a motion was made by Dr. Olney that the paper be referred to the committee on publication.

To this Dr. Field objected, and said, it appears to me, Mr. President, that this is too important a subject to be passed by as one or two other subjects have been with but little consideration. The paper appears to lay out the ground as it were, to give the topography of the state without apparently furnishing suggestions that are naturally expected for the relief from the sewerage and the accumulation from the same. This subject, as I conceive it, is one of vast importance here as elsewhere: how to get rid of the natural results of large populations living upon the surface of the earth. I mention this not so much that I have some suggestions, or perhaps a remedy, as to bring the subject before the audience to hear what they may say upon it. Most of our cities in this state, as elsewhere, have adopted some system of sewerage.

They proceeded upon the hypothesis that the carrying of this sewerage beyond the city limits was all there was to be done. In Des Moines something of this kind has been done and an attempt has been made to systematize the work of sewerage the city. How far this has been accomplished or how far it may be considered a sanitary improvement is an open question. As an illustration, I

will say that the city has been to a large expense in creating two intercepting sewers, one on either side of the Des Moines river, into which the smaller sewers empty, and they empty into the river. These sewers are manifestly for the purpose of carrying the sewerage beyond the city limits while all along on the banks of the river every kind of garbage is dumped. Livery stables that throw off more obnoxious gases in one day than the sewers carry away in a week, are located all along on the banks of Bird's Run, and it is supposed that the little creek will carry away the filth. It is a gross mistake. While the sewerage is in a solid or fluid condition it is harmless. While the river is carrying it away it does no harm, but this fluid passes into the sewers, which are very poorly constructed, percolates the ground, and a volatile form, emits gases that run up stream until they find an opening, and then out and over the city, and thus become a very destructive agent. This, with the livery stables and other contaminating element, located upon the banks of rivers, emit gases very dangerous to life, and this state of things exists right under the very nose of the secretary of the State Board of Health, and yet nothing is being done about it. I should like to see this question discussed fully.

Dr. Jenkins thought there was nothing so important to the health of the community as good water. It was a fact that a great many cases, if not the majority of cases of typhoid fever were directly traceable to the use of water from wells contaminated with organic filth. The rise and fall of rivers carry with them organic matter that finds a lodging place in the water used for drinking purposes. I have known several cases of typhoid fever that were directly the result of drinking water that was contaminated with organic filth from a hill above. The Plymouth epidemic is an example of this, although an extreme case. For his part, he hoped that some way could be devised to prevent this contamination of drinking water.

Dr. Simonton thought it would be well for some one to suggest a remedy. Will not filtered water answer the purpose? Could cistern water meet the demand? Is the well water better than the river water? He had seen typhoid fever prevail extensively for one or two years in a city entirely supplied with well water, and

then stop. What are the causes originally? Does the well water from mere surface contamination produce typhoid fever or diphtheria? For his part, he would like to have a solution to this question, and something practical upon the subject, rather than so much theory.

Dr. Hazen made a speciality of this thing. He did not know but it would be well to give his experience so far as his family was concerned. I consider well water the worst of all drinking waters, river water next, and the best water is that flowing from artesian wells. This is an accepted fact. Not having an artesian well or the river water the next thing is to depend upon the cistern water. All admit that stagnant cistern water is one of the worst kinds of water to drink, and even when it is filtered it is stagnant cistern water still and is not pure. What shall we do? These rivers are all contaminated by sewerage and the water in Dubuque is taken from the river below the rapids. We depend upon the atmosphere to purify that water, in other words the water is purified by passing over the rapids. I have constructed in my cistern a contrivance whereby a sort of a bucket is used which carries air down to the bottom of the cistern, and every time a tumbler full of water is drawn about three or four times as much air goes into the water as we take water out. I do this to get the air circulated through the water. There is no filter in the cistern and after a rainfall I take pains to wash off the roof for twenty minutes or such a matter, and the water when drawn up for use is as clear and pure as any water I ever saw.

Dr. Watson next took the floor and narrated two cases that came under his observation in his city in which something like thirty cases of malarial fever, so diagnosed, were directly traceable to the water drunk from a well in close proximity to three privy vaults and a large cess-pool.

Dr. King said: "The discussion has been so far confined to cities located on the river but there are many towns near the river and the people have no supply of river water. Sources of danger which I have noticed especially in our villages and also among farmers is this, that nine-tenths of the wells are placed right at the kitchen door in order to make it handy for the women on wash-

day. In its immediate vicinity are thrown out all the slops from the washtub, dishwater, garbage, etc., thus creating a vast amount of decaying matter. This, so close to the well, could not have a contaminating influence and the result is that in many cases some member of the family is stricken down with fever upon the opening of spring, attributed to a dispensation of providence when it was really a dispensation of nature. The doctor cited a case of this nature that came under his care and when he inquired into the possible cause of the difficulty he found that the cellar had not been rid of the decaying vegetables of the winter's storms. It was damp and mouldy and was continually emitting a large amount of foul gases. When he suggested the idea that this might possibly be the cause he was laughed at and it required a good deal of persistence and argument to educate the family to the point where they could realize that there was "death in the pot."

Dr. Maxwell said: We all agree that water is not good when contaminated with sewerage. One says that you must empty the sewerage in the river; another that you must not keep it on the ground; another that you must not keep it in vaults. What will you do with it? It is true that if exposed to the atmosphere, water containing organic matter will oxidize and the poison be eliminated. That is the way it is done in Russia. We know that well water in our cities is all dangerous, as our cisterns are constructed they are also dangerous because so much organic matter passes into them, such as bird and pigeon droppings, etc., and the only way to remedy this is to have a filter. Let the sewerage out into the river and it is there oxidized and rendered non-poisonous.

Dr. Kime, of Ft. Dodge, said: Our city is supplied with water from the Des Moines river, and it is not an uncommon thing to find minnows in the pipes in all stages of decomposition, and all who drink the water must take it containing these elements. Our public watering places often contain a half-pail of these decomposed minnows, so that we consider our well water the best we have. The attention of the city has been called to it a great many times, but the same state of affairs continues to exist.

Dr. Gilman, of Mt. Pleasant, said: This is a very important ques-

tion, and I have had some little experience in the examination of water, and have almost invariably found that specimens of well water contained more or less poison. I think if some of the gentlemen who have spoken in favor of well water would take the trouble to make a thorough, minute examination of the water by chemical analysis, they would soon want to do away with wells in the country, or at least provide for purifying the water. In the larger cities where there is a city water-works this can be accomplished, and the water be made absolutely pure, and at a very little expense to the city. This can be adopted also by families with little expense. For several years I have been connected with an institution using a large amount of water, and by a small filter constructed of broken pieces of stone, sand, charcoal, etc., the water from the river has been rendered so pure that it was impossible to detect anything of a poisonous nature by chemical analysis. This system of filtering is what we all should adopt, and what we should pursue in our communities where we reside, not only in the cities, but in the smaller towns.

Dr. Smith said: I have been listening to this discussion with much interest, and I am of the opinion that one of the worst things we have to contend with, is the privy vault. I will not have one; I use the dry earth and ash system. It is said there is "death in the pot," but wells anywhere in the vicinity of privy vaults in this city, or elsewhere, have death in the water. Boiling the water, especially in the summer, is a very sure test. I have not so much faith in filtering. I have seen water that looked clear, that was unfit for human beings to drink. Boiling will eliminate many impurities—it will certainly destroy germs.

Dr. Staples was the next speaker, and said: We all know that well water in towns is impure, but there is another factor that enters into the contamination of water not yet dwelt upon by previous speakers, and that is the rise of the rivers. This factor—the annual rise of rivers—he had never seen taken into consideration as the hastening on of contamination. He illustrated how the strata cropped out near the river bank, and when the annual rise of the river took place, the water percolated through the soil and was distributed into the privy vaults, making a solution easily dis-

tributed in the surrounding earth, and it then more easily became a source of contamination with the water in the wells. He said he endeavored to discuss only this point in his paper. Our soil, he said, on which is located many of our river towns, is so porous that he thought it was necessary to call the attention of the public to this increased and intensified danger. His remedy would be a wholesome municipal enactment to declare every well that can be reached by the river water a nuisance, and allow no water to be drank from wells of this nature. He thought we had an abundant supply of water underneath the stratified rock in this State most anywhere, and so far as water of rivers is concerned, we know that nature very kindly purifies their water. Fish which cannot live near the great London bridge, where is poured all the sewerage of that great city, thrive well a few miles below that point. He said that he only arose to correct the impression that he was negligent in not incorporating into his paper the disposition of sewerage. He thought the question of sewerage would occupy a couple of hours, and as it had been discussed over and over again, he simply wished to call the attention to this new factor, which had not been taken into consideration heretofore.

Dr. Field rose and said, that with the permission of the house he wished to state that a well sunk in porous soil permits free percolation of water, while one sunk in an earth that is more or less impervious is not so. In this last named soil a well within one hundred feet of a privy vault would not be so dangerous as one a thousand feet away sunk in loose, sandy soil. In other words, a well within one hundred feet of a privy vault in an impervious soil would be comparatively free from danger, while one dug in a loose soil would be dangerous and unfit for use. He was of the opinion that the wells about Council Bluffs were safe enough.

EVENING SESSION OF FIRST DAY.

Meeting was called to order by the President at 7:45.

A supplementary report of the committee on arrangements was given, after which the section of Necrology was taken up and the report of the committee given by districts. The chairman of the committee not being present, the Secretary called upon the dis-

tricts in their order to report. Only one report was given, that by Dr. McClure, who offered a brief biography of P. N. Woods, M. D., of Fairfield, who had lately died, but as this had been already noticed in THE REPORTER, the report was handed to the Secretary without being read.

The report of the nominating committee for officers for the ensuing year was given as follows:

District No. 1, H. A. Gilman; District No. 2, E. H. King; District No. 3, M. I. Powers; District No. 4, S. B. Chase; District No. 5, E. F. Clapp; District No. 6, E. J. Williamson; District No. 7, J. F. Kennedy; District No. 8, J. B. Wilson; District No. 9, W. F. Graham; District No. 10, F. J. Will; District No. 11, R. C. Rice.

It was stated that the committee would meet at 9:00 A. M. the following day in the committee room to the left of the President, to make the nominations for the ensuing year.

It was moved and seconded that the section on "Public Health" be continued. Carried.

Dr. Jno. North took the floor and read a paper on "Canned Foods" but on account of lack of time the paper was referred to committee on publication without discussion.

The next on the programme was the paper by Dr. Hutchinson of Des Moines, on "Health Insurance." This paper was also received by the society and referred to the committee on publication without discussion.

On motion the society adjourned until 9:00 A. M. the following day.

SECOND DAY.—MORNING SESSION.

Meeting was called to order by the President at 9:20. The committee on nominations repaired to the consultation room. A supplementary report of the committee on arrangements was made by Dr. Hanawalt.

Dr. Ristine, chairman of the section on surgery, being absent, it was moved and seconded that the time be occupied by a paper by Dr. Clapp entitled "An Ovariectomy in which the Case did not Recover." This paper was received by the society and referred to the committee on publication without discussion.

The next on the programme was a paper by Dr. T. J. Maxwell, of Keokuk, "Clinical History of Three Cases of Ovariectomy." The paper was received by the society and referred to the committee on publication without discussion, except a few remarks by Dr. Jenkins, who said he arose simply to confirm what Dr. Maxwell said as to the subject under consideration was a patient of his. Dr. Maxwell requested the privilege of retaining his paper in order to re-write it, which request was granted him.

Dr. Smith read a paper entitled "A case of External Urethrotomy for Traumatic Stricture." This paper was received by the society and placed in the hands of the committee on publication.

A request was here offered by Dr. Hutchinson, who desired to withdraw his paper from the committee on publication, but his request was refused by the president, who said that the doctor was too modest by half and that the paper was the property of the society.

Dr. J. M. Emmert, chairman of the Section on Obstetrics and Gynæcology next took the floor, and read a paper on Antiseptic Surgery. The paper was received by the society, and on motion of Dr. Gardner, seconded by Dr. Olney, it was referred to the committee on publication. Dr. McNutt, Des Moines, opened the discussion and said: "I was very much pleased with the nature of that paper. My mind went back about 40 years ago when an old gentleman, whose name is familiar to the committee, yes, to the whole world. I have reference to Chas. B. Beck. I say about 40 years ago, I remember the Doctor's giving very particular directions to his students never to go to a confinement, or to make examination, without first washing their hands. The point under consideration was that we must be very particular about cleanliness because that in one of the greatest means in these days of Antiseptic treatment. I believe that antiseptics, to a limited extent, are good, yet I have seen extreme and disastrous results follow a too free use of what was considered antiseptics, especially the use of carbolic acid. I have seen it cause poisoning instead of its being an antiseptic. I noticed he speaks of ergot, and I am glad to see the position he takes in regard to this in the first and second stages of labor. My experience has taught me to reject it, especially in

the first and second stages. I consider it terribly dangerous, and apt to cause the death of the child, or endanger the health of the mother. Permanganate of potash in the way he uses it. I approve. I have had some experience in that, but I think that cocaine is by far the best.

Here Dr. Hanawalt, presented with other names, that of Dr. Gustavus Hinrichs, of Iowa City, and it was moved that they be elected members of this society. The motion was seconded, but just as the vote was being taken upon it Dr. Staples arose and said: "Before that resolution prevails I arise with some reluctance to make a statement. Dr. Robertson was called home as you know on account of sickness. Prior to his leaving he requested me to make a protest in his behalf against the reception of Dr. Hinrichs as a delegate to this society in case his name was presented. I am not sufficiently informed as to the merits or demerits of the case, but in justice to him and perhaps the other members present, as well as to comply with the request of Dr. Robertson, it might be proper to refer this application to the committee on ethics. I, therefore, offer as an amendment to the motion, that the application of Dr. Hinrichs be referred to the committee on ethics." "

This motion was seconded but before the vote could be taken upon it Dr. Hobby, Iowa City, arose and said: "Mr. President: I arise to a point of order. If any man has any charge to make against Gustavus Hinrichs let him put this charge before the society in writing. There is a right way and a wrong way to do this, and I utterly object to the motion of Dr. Staples that his application be referred to the committee on ethics. He is one of the members of his county society in good standing, and I protest against his case being referred to the committee while others of the same nature are allowed to be passed upon without comment. I say if there is any acknowledged violation on his part that will debar him from a membership in this society let that violation be presented in writing."

The president decided at this point, that in as much as the motion had been made and seconded that it was right that it be put before the house.

But before he had finished speaking, Dr. Hobby arose and said: "I appeal from the decision of the chair."

As Dr. Hobby was about to put the motion Dr. Watson arose and said: "I call the gentleman to order for interrupting the chair before he has finished a statement."

This did no stop Dr. Hobby and he proceeded with his appeal but was interrupted by the hisses and sneers that arose from every part of the house.

The president here stated that this question would have to go to the committee on ethics, but it was objected to by Dr. Hobby on the grounds that the protest was verbal and made by a second party, and not in writing.

At this Dr. Staples arose and said: "The protest was made to me verbally in event his name was proposed. As I stated, it was the wish of Dr. Robertson that it be offered in case his name was proposed."

A call was made for the question by ayes and nays and as there was a dissatisfaction as to the vote, Dr. Watson called for a division vote which resulted in 26 voting for, and 40 against the report being adopted and Dr. Hinrichs was elected a member of the society.

The discussion of Dr. Emmert's paper was resumed by Dr. Simonton, who said it was strange that there were those in the State of Iowa who did not believe in antiseptic surgery; and that it was his opinion that the time was not far distant whenever member of the profession who will presume to treat a case of surgery or perform an operation without the use of antiseptics will be amenable to the law. This he said had already engaged the attention of the people and physicians had been prosecuted for non-conformance to it. He thought that in a large majority of cases where there was poison following confinement, the judicious use of antiseptics would entirely obviate it. He was a firm believer in antiseptic dressing of wounds, but he would emphasize the fact that the instruments used should be scrupulously clean.

Dr. Williamson followed and said: "I wish to make an inquiry bearing upon the subject of antiseptics in obstetrics. If the prevailing opinions relating to this matter be true, there is certainly a strong probability that the population of our earth will be kept up

in the future with the same ease that it has in the past. I ask what shall we do with certain facts? Here is one. Understand me I do not challenge the necessity and the great importance of antiseptic protection, but I want to know with reference to certain facts. I have in mind a medical acquaintance who has been in practice for 30 years or more. He is a man that has accumulated a large amount of property, owning a farm and mill, deals largely in stock and has a very extensive practice in obstetrics. He is such a man as we see numerous examples of. He is a man of good sense and is not ignorant of the uses of antiseptics. As I said he has a large practice in obstetrics and is remarkably successful, scarcely ever losing a single case, and yet he utterly ignores the use of antiseptics in cases of this kind. Now I wish to state that this case stands out against the theory that antiseptics are absolutely essential to safety of delivery.

Dr. Shrader said: I am very much pleased with the point brought out by Dr. Emmert on antiseptic surgery. The question that would naturally arise, in view of the facts about us, is when, and when not are the use of antiseptics necessary. There are many obstetrical cases which go on to a happy termination without anything being done, as in the cases just cited, so the question would arise as before stated, when and when not are antiseptics necessary. I think that a very large proportion of those cases of septicemia that occurred during labor are in fact conveyed to the patient direct by the hand of the attending accoucher. We have in our profession a varied experience. We are called to the bedside of some one suffering from scarlatina, next we are asked to use the lance, then perhaps to amputate a limb, and before we are scarcely through with this, we receive a call to attend a case of confinement, so a vast amount of precaution necessarily has to be used in order to thoroughly protect one self against poisonous infection. There was scarcely ever a case of labor in which there was not more or less of wounded surfaces. Granulating surfaces are not the absorbing surfaces. Now, is there any way that we can determine the use of vaginal injections?

We have observed this, having a large practice, that we get a large proportion of troubles in multipara. them we do not get

that firm traction of the uterus. Clots formed in the cavity of the uterus should be removed before we leave our patient. With the third stage of labor we should get a good firm traction of the uterus and for this there are different methods. Kneading of the abdomen or massage is excellent. Ergot, at the close of the second stage will give a good traction. However, I would not advise a too frequent use of ergot, but in its place, would substitute quinine. Administer 3 to 5 grains, two or three times. It has the power of contracting the arteries and preventing any germs from poisoning so readily.

The turgid condition of the uterus is benefited in many cases by the use of hot vaginal injections, containing a small solution of antiseptics, not strong. 1-5000 of bicloride of mercury is strong enough to keep the parts cleansed. I would advise the use of these injections frequently.

Dr. Jennie McCowen suggested that permanganate of potash could be rubbed up with the confection of roses and administered to the patient in capsules on a full stomach, at the same time taking half a glass of water, without causing nausea.

Dr. Hanawalt said: I would like to know what would you do with stomachs that would not take even an empty capsule?

Dr. McCowen answered, that in all the cases in which I have tried the remedy it has proved entirely satisfactory.

The committee to whom was referred the case of Dr. Kime reported that in as much as he had been suspended from his local society he must also stand suspended from the state society.

(Continued in Next Issue.)

EDITORIAL.

EDITORIAL NOTES.

The new medical law goes into effect on the 4th of next month. The State Board of Examiners are ready, and at this time have received a number of diplomas for approval. The Board has sent announcements over the state, giving general information of what

is necessary. The REPORTER has received a number of letters of inquiry upon this subject. In reply, would advise all of its readers to apply to the Secretary of the State Board of Examiners, J. F. Kennedy, M. D., Des Moines, for full instructions. Although physicians have until the first day of January next to qualify, for the moral effect they should promptly register.

* *

The blank form of application is complete and very simple; it requires the applicant to conform with all the requirements of the law. In order that the State Board of Examiners may receive assistance, and hearty co-operation, the REPORTER hopes that all those who took an active interest in the enactment of the law, will promptly register and urge all physicians, within their district, to comply at once. In order to assist, the REPORTER will hereafter devote a certain amount of space in each number to the publication of those physicians who have registered.

* *

There is a prospect of a new Medical College being started at Colfax. J. R. Gorrell, M. D., Newton, is the moving spirit, and will probably have the chair of theory and practice. Who the other gentlemen are, is not yet known. It is rumored that Dr. Engle, of Newton, and Dr. Ryan, of Colfax, will be associated. If the college is started with a large capital, and all the conveniences, and if they intend to start from the beginning by adopting a course of instruction in accordance with the resolutions passed by the late meeting of the State Society, it will not be a mistake but will succeed. But unless it has all of these, the gentlemen, friends of the REPORTER, who are contemplating this step, should think carefully before they make a mistake.

WHAT IS SAID ABOUT OUR ADVERTISERS.

EDITOR OF NORTHWESTERN LANCET.

Not long since I had brought to me a child of six months, suffering from the following symptoms:

Constipation, at times irregular action of the bowels, regurgitation of food and an asthmatic cough. Its mouth was of thrush sores, and its appearance one of poor nourishment.

It had been given a number of Infants' Foods in vain, one of which I prescribed myself.

By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally I gave "CARN-RICK'S SOLUBLE FOOD," and had the satisfaction of having it retained, and at last accounts the child was doing nicely.

I am inclined to think this food is worthy of attention on the part of the profession.

It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur.

It requires no addition of milk.

It has the advantages and more of the disadvantages of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

Very truly, C. F. DENNY.

ST. PAUL, June 1, 1886.

BOOK NOTICES.

BOOKS AND PAMPHLETS RECEIVED.

A TREATISE ON EPIDEMIC CHOLERA AND ALLIED DISEASES. By A. B. Palmer, M. D., LL. D., Register Publishing House, Ann Arbor, Mich.

REPORT ON ALCOHOL, ITS ACTION AND EFFECTS IN HEALTH AND Disease. By same author. W. S. George & Co., Publishers, Lansing, Mich.

TRANSACTIONS OF THE NEW YORK ACADEMY OF MEDICINE. Vol. IV.

HAND-BOOK OF PRACTICAL MEDICINE. By Dr. Hermann Eichhorst. Vol. I. Diseases of the Circulatory and Respiratory Apparatus. Wm. Wood & Co., Publishers, New York.

THE GENUINE WORKS OF HIPPOCRATES. Translated from the Greek, with a Preliminary Discourse and Annotations by Francis Adams, LL. D., Surgeon. Vol. I. Wm. Wood & Co., Publishers, New York.

DISEASES OF THE SPINAL CORD. By Byrom Brainwell, M. D., F. R. C. P. Wm. Wood & Co., Publishers, New York.

INSANITY AND ITS TREATMENT. Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. Fielding Blandford, M. D. Together with types of Insanity. An Illustrated Guide in the Physical Diagnosis of Mental Disease, by Allen McLane Hamilton, M. D. Wm. Wood & Co., Publishers, New York.

A COMPEND OF THE PRACTICE OF MEDICINE. By Daniel E. Hughes, M. D. P. Blakiston, Son & Co, Publishers, Philadelphia.

DISEASES OF THE DIGESTIVE ORGANS IN INFANCY AND CHILDHOOD, with chapters on the Investigation of Disease, and on the General Management of Children. By Louis Starr, M. D. P. Blakiston, Son & Co. Publishers, Philadelphia.

MATERIA MEDICA AND THERAPEUTICS. For Physicians and Students. By John B. Biddle, M. D. Revised and Enlarged with special Reference to Therapeutics and to the Physiological Action of Medicines. By Clement Biddle, M. D., U. S. N., and Henry Morris, M. D. P. Blakiston, Son & Co., Publishers, Philadelphia.

A COMPEND OF PHARMACY. By F. E. Stewart, M. D., Ph. G. P. Blakiston, Son & Co., Publishers, Philadelphia.

THE STUDENT'S MANUAL OF VENEREAL DISEASES. Being a Concise Description of those Affections and of their Treatment. By Berkeley Hill, M. D., and Arthur Cooper, M. D. P. Blakiston, Son & Co., Publishers, Philadelphia.

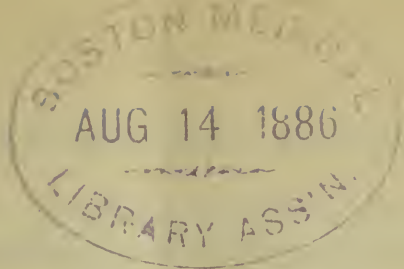
STATE INSTITUTION.

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR MAY, 1886.

	M.	F.	T.
Remaining April 30, 1886-----	377	258	635
Admitted in May -----	20	10	30
Returned from visit during the month-----	0	2	2
Total under care in the month -----	397	270	667
Discharged during the month-----	11	9	20
Daily average under care-----	380	260	640
Discharged recovered -----	5	5	10
Discharged improved-----	3	3	6
Discharged unimproved-----	0	1	1
Discharged died-----	3	0	3
Remaining May 31, 1886-----	386	261	647

H. A. GILMAN, *Superintendent.*



The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, JUNE, 1886.

NO. 10.

ORIGINAL ARTICLES.

RUPTURE OF THE UTERUS.

BY A. L. WRIGHT, M. D., CARROLL, IOWA.

The following paper was read before the Central District Medical Association by A. L. WRIGHT, M. D., on June 15th, 1886.

It has been my misfortune during the past two and a half years, to meet with two cases of rupture of the uterus; one of the most terribly fatal accidents that can befall the parturient woman. One occurred spontaneously, the other was due no doubt to the bungling use of the forceps.

The last case I saw, impressed me profoundly with the thought that although we have a form of medical law regulating the practice of medicine and surgery, the midwife, the most dangerous of all, is allowed to go abroad in the land sowing the germs of destruction and death, untrammelled, unfettered and unrestrained.

There is another lesson of much greater importance to be learned from these cases, that I wish to speak of later, that of delay in effecting delivery of the suffering mother.

During the month of January 1884, I was summoned to the bedside of Mrs. L., a woman about 35 years of age, medium size. She was in labor with her fourth child, had been suffering about twenty-four hours, nothing unusual had occurred during gestation to cause uneasiness, her health was about as usual while carrying her children. During the first stage of labor and a part of the second, Mrs. L. had been attended by a midwife. The expulsive stage becoming too severe and prolonged, a doctor was summoned; he made

several ineffectual attempts to apply the forceps; during his efforts to introduce the instruments, the condition of the patient became so alarming that counsel was sent for. Upon my arrival I found the patient suffering the most excruciating abdominal pain; the countenance, pinched and haggard; the surface of the body, bathed in a cold, clammy perspiration; the pulse, weak and almost imperceptible. An examination revealed the head presenting in the left occipito-anterior position and well down in the pelvic cavity. The arrest to the progress of labor was undoubtedly due to the head lodging against, or on the sacro-sciatic ligament. The condition of the patient was critical, and immediate action necessary.

Before applying the forceps, I made another examination, at the same time passing my left hand over her abdomen; it came at once in contact with a foot, covered by the attenuated walls of the abdomen, only; the member was protruding from the ruptured uterus almost its entire length. The rupture in the uterus was clearly perceptible through the abdominal walls.

The forceps were applied without difficulty, and a dead foetus delivered. The protruding foot was noticed to recede as the head descended in the pelvic cavity, and finally escaped into the uterus as the head extended over the perineum. The rent in the uterus was easily felt through the abdominal walls, while a part of the child remained in utero, but gradually faded from the sense of touch as the delivery of the child advanced. Immediately following the delivery of the child, there was a torrent of blood; an enormous quantity was lost in a very few seconds. The hand was at once introduced within the uterine body, and the placenta delivered without difficulty, while in the uterus, the rent was explored and found to be about four inches in length, in a longitudinal direction through the anterior wall of the body of the uterus, but not involving the placental site. It was freed from clots of blood, and the intestines pushed back into the abdominal cavity. The uterus was as thoroughly cleansed of clots, as possible with the hand, and contracted firm and remained so upon withdrawal of the hand. The patient was bandaged, with a compress over the uterine void and placed in bed; bottles of hot water were placed about the patient, morphia given hypodermically and stimulants freely, but

with negative results, the patient gradually sunk and died at the end of the first hour after delivery. The loss of blood was so great and the shock so profound that the vital energy of our patient was not equal to the struggle.

About six o'clock, Tuesday evening June 8th. 1886, in response to a telephone message from my esteemed friend, Dr. Williams of Manning, I reached the bedside of Mrs. R., a woman about thirty-five years of age, of German parentage, who had been delivered of her fourth child six hours before my arrival. This woman was an immense creature, not five feet in height, but weighing in the neighborhood of three hundred pounds. She was taken in labor about twelve hours before my visit, her mother officiating as master of ceremonies. The labor becoming protracted and the pain excessive, friend Williams was sent for; he reached the bedside of the patient about noon and learned that nothing unusual had occurred that the sufferer or her friends could perceive until a short time before his arrival. The child's head had advanced into the pelvic cavity, the midwife avers that it was pressing on the perineum, during a prolonged and exceedingly severe pain the child underwent some change—turned over she declares—an examination by the midwife at this time failed to discover the child; as she declares, at all former examinations the presenting head could be felt.

Upon making an examination, Dr. Williams failed to find the presenting child, until he introduced his hand and arm into the uterus and abdominal cavity; his hand passed through a rent in the posterior wall of the uterus, seized the feet and effected delivery with great difficulty by pedalic version. The foetus had paid the penalty of its early indiscretion in leaving the natural channel provided for its escape. The placenta was immediately delivered without difficulty.

One of the remarkable features in the case, was the small amount of blood lost, not sufficient *per se* to cause the least uneasiness on the part of the medical attendant. The patient suffered but little from shock, her condition in this respect was exceptional. The extent and location of the injury would lead us to expect great depression from this cause.

At the time of my visit, the condition of the patient, to outward appearance, was not much different from that of a patient following delivery at term, with absence of extensive injury to the maternal parts. The mind was clear and unclouded, as active as though nothing unusual had happened. She complained of very little pain and only of slight tenderness upon firm pressure over the uterus. There was entire absence of tympanites.

On making an examination, I came first in contact with a knuckle of intestines; following it up my hand passed at once into the abdominal cavity, I found myself among the intestines. The protruding viscera were easily forced back to their place, but on withdrawing the hand they at once resumed their former position in the lower uterine and upper vaginal cavity.

The rent commenced in the upper posterior vaginal wall, extended into and through the entire thickness of the os and lower portion of the posterior uterine wall, lacerating and involving at least two-thirds of its entire structure. The length of the tear was estimated to be about eight inches in a longitudinal direction. The rent was filled with intestines.

At this point a most important question presents itself for our consideration. The management of these unfortunate cases, although of comparative infrequency, it is nevertheless a question of very great importance and worthy of careful and deliberate thought. At the present time when abdominal section is practiced with such frequency and comparative safety, it seems to me there is but one alternative, let the patient succumb to her almost certain death, or resort to the much safer procedure, and give your patient a possible show for existence, that of opening, thoroughly cleansing the abdominal cavity and suturing the uterus; if this is not done, death from sepsis is almost certain, providing the unfortunate one safely runs the gauntlet of threatened peritonitis or strangulation. I know of no means by which the latter accident can be prevented, but by closing the uterine rent with sutures. I am well aware that when the laceration is not extensive the protruding gut can be forced back, and when uterine contractions come on, close the aperture. I apprehend where this occurs in one case, the result is different in many. The fatal plan of leaving your patient for na-

ture to take care of, is unsatisfactory. There is no possible means of preventing septic infection except by thoroughly cleansing the abdominal cavity.

The line of treatment in this case seemed clearly pointed out to the doctor and myself, but the patient was not willing to have anything done for her relief. It was only after the most urgent solicitation that an examination was permitted, so afraid was she of being hurt, more than this she absolutely refused to submit to. Morph. Sulph. was administered and the woman left to her inevitable fate. She lived about thirty-six hours after the birth of her child, when death came to her relief.

A wide difference exists among statisticians as to the frequency of this accident. Some compute it as occurring as often as one in four hundred cases, others not oftener than one in four thousand cases.

With reference to the probable cause of the rupture in my cases, I have but one theory to offer about the first case. The rupture occurred while an effort was being made to adjust the forceps. The doctor had been in attendance for several hours, during which time nothing had occurred to cause alarm, but after several ineffectual attempts, and while still endeavoring to apply the instruments, the patient complains of an unusually severe pain in the abdomen, she becomes very much oppressed, the countenance assumes an anxious expression, breaks out in a cold, clammy sweat. There is at once alarm in the household that the patient is going to die, is sufficient circumstantial evidence, at least, that the operator has, in all probability, shoved one of the blades of the instrument through the uterine wall. There is still further evidence that influences me in my opinion as to the cause of the rupture in this case, the first blade of the forceps was carried to its place without difficulty; when it came to the introduction of the second blade, however, the doctor met with breakers, in fact, he admitted to me his inability to apply the same; more force was used than was intended or the blade turned so as to penetrate the anterior wall of the womb. An examination of the pelvic diameters before and after delivery of the child, failed to discover sufficient inequality to have interposed any obstruction to the advance of the child. The dilation of the os

was complete. There was no abnormal obliquity of uterus, in fact nothing that I could appreciate in the physical condition of the patient could cause the rupture.

Pelvic deformities, one of the most frequent causes of rupture, did not exist in this case, as the head had advanced so far into the pelvic cavity that it could not recede after the rent had been made in the uterus.

The second case, the one seen last week with Dr. Williams, is one of the rarest of clinical experiences. That this case was one of spontaneous rupture of the uterus, there can be no doubt. Here was a woman in labor for several hours, attended by her mother only, who declares positively that she had not interfered. That she had not attempted any obstetrical operation, I am quite certain. Here was a woman of average height, weighing not far from 300 pounds, suffering the agonizing anguish of travail in childbirth. She cries out in the moment of her extreme distress, a pitiful appeal for relief, an examination now fails to find the presenting child in its former location. The pain now is continuous instead of intermittent as before. The above facts taken in connection with the history of the case convince me in my belief that the rupture was spontaneous.

As a probable cause, I am inclined to the opinion that there was a weakening of the uterine wall at the seat of the injury, owing to fatty degeneration or infiltration. During the growth of the uterus, the muscular fibrillæ underwent a retrograde change, a fatty metamorphosis; this degeneration renders that portion of the uterus it occupies, thinner and weaker, the point thus affected not contracting while all the others are in action, the resistance made by it would be wholly passive, and hence, whatever be its strength it cannot hold out against the contractions of all the rest of the organ, the action of which, being aided by that of the abdominal walls, weighs all its force, as it were, on that portion which does not participate in the general action; if any resistance is encountered in clearing the superior straight, it is felt at the point that does not contract, and consequently this latter becomes ruptured.

Irregular or partial contraction may produce a rupture by leaving a portion of the uterine walls in a state of inertia, while all the others are contracting.

Early in this paper I mentioned the important lesson to be learned from these cases, to-wit: not to delay in effecting the delivery of a woman suffering the tortures of the second stage of labor. Whenever the progress to the speedy delivery of the child is interfered with, deliver at once, as soon as is practicable, you will then relieve both mother and child from impending danger. Bear in mind the danger to the soft parts of the mother from prolonged pressure. The gynæcologist meets with more cases of injury to the structures from prolonged pressure than from the use of the forceps. I refer now to the ratio of cases that comes under his observation.

It is my firm opinion that both of these cases were unnecessarily sacrificed, the first to a lack of knowledge of the relation existing between the curves of the forceps and the pelvic curves. The last case to delay in summoning medical aid.

Another thought suggests itself to my mind, and that is this, are women who have taken on an unusually large amount of fat, in any way predisposed to this accident?

PRESIDENT'S ANNUAL ADDRESS OF THE NORTH IOWA MEDICAL SOCIETY.

BY R. M. JEWELL, M. D., OSSIAN, IOWA.

(Published by request of the Society.)

The duty incumbent upon your presiding officer at the expiration of each year of presidential service, of presenting an address upon some subject of general importance, I now attempt to discharge. Many subjects present themselves for our consideration, some are inapplicable because impractical, some worn thread-bare and weather-beaten, and others so well digested and assimilated by the body medical that 'twere presumption on my part to present them to your notice.

It will be interesting and instructive, methinks, to take a retrospective view of what has been done in medical science during the last few years; to note the gradual though none the less certain and well-nigh universal change of opinion on questions of pathology

and the ætiology of disease; to make an effort to winnow some few kernels of wheat out of the world of chaff with which medical literature is loaded, to strike a balance as it were between medical thought and practice of to-day and that held but a few years ago.

To keep abreast of the best thought and practice of the day, and to discriminate between fact and fancy, truth and error, requires an amount of mental acumen, culture and experience, that but few can justly lay claim to possess.

There is more of an education for the doctor than is comprised in the dosage of drugs; more than is contained in the dry details of his practice, and the country doctor gets it very often in his daily contact with man and nature. However bright and scholarly he may be, here is the school *par excellence*. His destination is to cure his patient, regardless of the question as to the number and kind of microbes that are the cause of his illness. If he fail, his good friends (?) in and out of the profession know it, and use it.

He may not have the time to look after the countless micrococci that fill the scientific air, but he should be careful that they do not obscure the end of his road to the injury of his patient.

It requires some courage in these latter days, to resist the doctrine of the bacteriologists. Their logic, backed up by the facts they marshal, seems well-nigh overwhelming. For we live in the day that a single series of discoveries lays claim to having changed the aspect of pathology and solved all problems at a single stroke.

Germany leads in this branch of investigation as she has in later years in medical science generally. Fostered by governmental patronage, her men of science have time and unlimited means at their disposal to prosecute their investigations in this line of research. On each breeze from the Fatherland, is wafted the tidings of the latest discoveries in bacteriopathy. The hunters are more numerous, if possible, than the game. Any man can look through a microscope, and perhaps he will draw the prize in the lottery of discovery and become famous at once. The embryonic great, sees a coccus, and cannot wait for fear his next door neighbor over the way, who probably, is a little farther along in the pupa stage of development, may snatch his celebrity away from him, hence his so-called discovery is heralded to the waiting multitudes in all lands,

who swallow with avidity and digest with undue haste, to be ready for the next weekly installment of bugs. This matter, in which, possibly, a question affecting the public health of nations is embodied, is becoming ludicrous.

Who has not heard of the bacillus-malariae of Tommasi-Crudeli, of Klebs and of Prof. Marchiafava and Dr. Celli, of Rome? (the latest.) These last named discoverers find something truly wonderful, viz: a micro-organism that is situated within the red blood corpuscles, and there leads its parasitical life. Then, again, we have Klebs' bacillus of diphtheria, and Eberth's bacillus of diphtheria, and Lœffler's bacillus of diphtheria (with others, doubtless, soon to follow), and if our American investigators in this field were less ambitious in asserting their claims to discovery, we would have Wood & Formad's bacillus of diphtheria. Here we have at least three equally competent observers, each asserting his claim to having discovered the specific germ of diphtheria—and who shall decide when the doctors disagree? Behold! a Daniel come to judgment in the person of Prof. Gerhardt, of Berlin, who makes the astounding assertion that two or more microbes may each cause diphtheria.

Are the different forms or classes of micro-organisms interchangeable? Cohen, and others, hold that they are, contending that many different forms, depending for their individuality on surrounding circumstances, may owe their origin to the same parent, and Klebs and others of his school, claiming that identity of species in parent and offspring, always exists. If Cohen be correct, then the finding of the different forms of microbes present in the same disease, becomes reasonable and intelligible, *i. e.*, viewed in the light of causative agencies; if in error, where shall the line of excluding a microbe from the list of possible agencies in the cause of disease be drawn?

Bacteria of various kinds are constantly found, not only in the earth, water and air about us, but in all we eat and drink; in all the cavities of the body itself, even in a state of health; and one enterprising observer, found twenty-five different and distinct forms of microbes in the intestinal contents, including several varieties of muced, torrula, micrococci and bacilli, and the writer further

seriously declares, that if he had only tried, he would doubtless have found a few more.

Are we to regard each or all of these twenty-five or more different forms of microbes as but modified forms of the specific germ of cholera, yellow fever or phthisis, or, if not, are they to be considered as so many parasites that hold possession of the body in a state of health, only to pounce upon and destroy the victim on the first approach of disordered function?

Another point in this discussion deserves notice, viz: the identity of the so-called specific and the innocuous micro-organisms. We note two striking illustrations.

FIRST. The possibility of the parasitic origin of syphilis, has been long suspected and hotly defended by many observers. The supporters of this doctrine, hailed with delight and approbation the announcement of Lustgarten, of Vienna, to the Imperial Society of Physicians of that city, on November 12th, 1884, his discovery of the bacillus of syphilis; and subsequent researches by himself and his adherents, seemed to have confirmed its existence if not its specificity. No cultivation experiments, however, to determine its specific identity had as yet succeeded, when another set of investigators, equally anxious for the truth, announce that they are not able to find the bacillus in a number of sections made from eight cases of syphilis, and in fifty-five preparations of syphilitic secretion it was found in twenty-two, and further, they have discovered bacilli like the syphilis bacillus of Lustgarten in a number of non-syphilitic secretions; in cases of soft chancre, genital herpes, in pemphigus of the thigh and more especially present in the smegma.

We have here, two series of observation that flatly contradict each other; on a subject too, that is being constantly and thoroughly studied, and which furnishes conditions for study and culture experiments that could not possibly be improved.

SECOND. How about pneumonia? In 1883, Freidlauder, described his micrococcus of pneumonia, as being a body of elliptical form, and as giving certain reactions with certain coloring matter, etc. In later publications he lays great stress upon the pathognomonic import of a certain mucous capsule which surrounds the

microbe and which, he says, is always present in the microbes of fibrinous pneumonia, but not present in other forms of pneumonia where, we may have micrococci, but never a mucous envelope surrounding them. He even describes empty capsules, from which the cocci have escaped. Now for the climax! Dr. Geo. M. Sternberg, probably the most competent observer in this line in America, in an interesting article upon this subject, thus sums up the data:

"The pneumo-coccus of Freidlauder, is identical, specifically, with the micro-coccus previously described by me, and which is commonly found in normal human saliva. The capsule or mucous envelope which sometimes surrounds this micrococcus, described by Freidlauder, in 1883, and photographed by me two years previously, *cannot* be accepted as a distinguishing character of this species, inasmuch as it is not constantly present, and the circumstances upon which its development depend, have not been accurately determined. It is established that it is a pathogenic organism, so far as certain lower animals are concerned, and that its pathogenic power varies under different circumstances. It seems extremely probable that this micrococcus is concerned in the ætiology of croupous pneumonia, and that the infectious nature of this disease is due to its presence in the fibrinous exudate into the pulmonary alveoli."

But this looks to us like begging the question. The constant presence of this microbe in the buccal mucous secretion of healthy persons, would indicate that some other factor was required for the development of an attack of pneumonia. If found in the exudate into the alveoli and bronchiales in an attack of fibrinous pneumonia, and not in the normal secretion of a healthy lung, this is proof conclusive that they migrate and develop there subsequent to the attack, and are a result, rather than a cause of the disease. It seems clear that the micrococcus cannot be the determining cause, and if not, what have we gained by a knowledge of its presence that has a bearing upon the ætiology or treatment of the disease in question?

We all have heard of the dinner, Dr. Kline of London, made of Koch's cholera bacillus, not long ago, and how the doctor's digestive organs adjusted themselves to the new diet with more grace

than the renowned bacteriologist did to the fact of having unwittingly added to our bill of fare another article of nutriment?

That was not a crucial test of the comma-bacillus, either as to its ability to communicate the specific germ of cholera, or as to its value as an article of food; but it and subsequent tests have about proven its innocuousness in each. Doubtless, the alimentary canal of Kline, was not in a strictly sterilized condition, as it has been demonstrated that "unless the culture-medium be in a thoroughly sterilized condition, the comma-bacillus develops badly or not at all." Koch should have annihilated his opponent with that argument. But, carried to its logical conclusion, where would it end? Where in nature do we find sterilized media? What collection of water affords under these conditions a favorable culture-medium and means of infection? Neither the soil, nor air, nor water, are ever sterile, and yet, if we are to accept the bacterial origin of cholera, we must look to one of these as the permanent abode of the micro-organism, where its development and multiplication occur. Cholera is endemic in India, and more particularly in Bengal. Are the waters of those countries constantly sterilized media? And if sterilized media be the only ones in which this microbe will develop and multiply, how important it is that we keep a supply of yeast on hand for emergencies, in case Freidlauder's pneumococcus no longer inhabits our buccal cavities, or lower portion of the digestive tract be not tenanted by some or all of the twenty-five or more different classes of microbes Stahl so kindly discovered for us.

Prof. Virchow, represents advanced as well as conservative medicine. In an article from his pen entitled, "The struggle of the Cells and the Bacteria," we glean the following:

"The proof of specific organisms is still wanting for a whole series of diseases, particularly for those which are most common, infectious and contagious. And were this proof given, it would be but the first step in the recognition of the morbid process itself. What have pathology or therapeutics gained in the simple demonstration of a micrococcus or bacterium? Do we know anything more of the nature of recurrent fever, since we have found the spirillum?"

"The reversion to the old pathology is well exemplified in the history of phthisis. When Koch had discovered the tubercle bacillus, many thought that all the laborious research of the past was vain and superfluous. There was unity of the bacillus, ergo, unity of phthisis. But this beautifully simple scheme was of short existence."

"Pulmonary phthisis remains as it was, a multiferious process, beginning in a number of ways, now in the mucosa of the air passages, now in the interior of the alveoli, now in the parenchyma of the lungs, and resulting in a variety of products, either simply inflammatory or specifically tubercled; and he who wishes to understand it, must learn something more than how to stain bacilli. The bacillus has added so little to our knowledge of the subject, that we are now, again, arrived at the examination of those two indispensable factors, predisposition and immunity."

In closing he says: "We do not wish to underestimate the value of any pathological studies, but let no man forget that ætiology is merely preliminary to the study of pathology, and pathology shall only be complete, when the diseased process, that is, the entire course of the disordered vital activity shall be clearly explained."

To those who have, like ourselves, regarded the rapid development of the science of bacteriology with increasing interest, though precluded by various circumstances from personally engaging in experiments calculated to have a bearing on the solution of these questions, the many new discoveries and theories founded thereon have seemed most bewildering.

To me, while the domain of pathology seems to be wonderfully illumined by the new discoveries, and the fact that the spreading of some diseases at least—slow, gradual and regular—seems to prove the multiplication of cases of disease, by the multiplying of its causes, still it has always appeared that purely bacteric ætiology has too often begged the question, and that the answer to the question as to whether organic or chemical poisons are the cause of many of the infectious diseases, has not been satisfactorily rendered.

Organic chemistry in the last decade, has made as rapid strides as microscopy. Cadaveric poisons, ptomaines and leucomaines in great numbers have been discovered. Most of them are rapidly

destructive of animal life. Sudden deaths from zymotic and infectious diseases, resemble those produced by these poisons. That the speedy death of persons handling putrid corpses sometimes occurs, is a well-known fact, and the symptoms are exactly like those produced by many known poisons. The annals of medical jurisprudence contain records of many instances where the poison extracted from the dead body has proven to be cadaveric, and not a vegetable alkaloid given prior to death. These poisons are found associated with bacteria. Is it the latter which produce them? Do they so decompose the albumen of the tissues, that a ptomaine can or must develop? Or, is it their own vital changes which produce it? If the cause of the decomposition of the living or dead be not bacteria, but a chemical poison, is it necessary to assume that the poison cannot form except through and with the presence and agency of bacteria? Do they contribute any part to the diseased process, or are they merely secondary, coconcomitant upon the vital changes occurring in disease and death?

These, and many other questions of like import, are waiting their turn to be answered. Only by the accumulation of facts bearing upon these subjects will they find solution.

The application of some of the principles, the outcome of the doctrine of the bacteriologists has had a noble record. The discoveries of Pasteur and Tyndall, have produced an era in modern surgery, the like of which was not even dreamed before. The work of Lister, in its bearing upon the antiseptic method of treating wounds, is a part of the medical dictum of the day. No text-book omits the mention of his name, and in the history of surgical development, his will always occupy an overshadowing position.

While not wishing to go on record as an opponent to, and a disbeliever in the doctrine of the pathogeny of micro-organisms in the infectious diseases, and in the matter of suppuration in solutions of continuity in animal bodies, we can but believe, that many of the claims of the extremists may well be labelled "not proven," and that future investigations will prove conclusively that micro-organisms hold a very narrow limit as a factor in the ætiology of disease.

From the activity manifested in this line of research by many of

the best minds in the profession abroad, we may hope ere long to see the mass of doubt and uncertainty that inherently clings around this subject, dissipated as the mists of night before the rising sun. Will America contribute to the elucidation of these mooted questions? We fear not. The lack of State or National support, the necessity that much time and means be devoted to this subject, precludes the possibility of men in the active practice of their profession, from engaging therein, as the substantial results, as well as the fame derived therefrom are at least an unknown quantity, and we shall for some time yet, be under the humiliating necessity of taking our "disease germs, second hand," at importers figures.

In conclusion, we wish to make acknowledgments to the N. Y. Medical Record, the American Journal Medical Sciences and other journals, for many of the facts embodied herein, and to return our thanks, in no formal manner, for the honor conferred by being elected to an office, the highest in your gift as an organization, and while wearing our honors with becoming grace and humility, (we trust) it is with pride and pleasure we attempt to discharge the duties and responsibilities laid upon us by this official trust.

EXTRA-UTERINE PREGNANCY; A CASE.

Reported at late meeting of Des Moines Valley Medical Society, and its publication requested by the Society. By J. Williamson, Ottumwa.

Mrs. E., aged 32; height, 5 ft. 4 in.; weight, 110 pounds, and mother of two children, the younger eight years old; menstruated November 25-9, 1885. Although not of robust frame, she had usually enjoyed good health. December passed without her expected menstrual flow. The last week in January, there was a colored discharge for some days, but unlike normal menstruation. The breast enlarged, and the æriola became more and more distinct as the weeks passed, and patient supposed she was pregnant. Toward the period of quickening, she began to be troubled in mind, declaring that something was wrong with her pregnancy, and expressed fears that it was not going to end well. About this time she consulted a physician who examined her, introduced a sound into the uterus, and assured her that she was not pregnant.

May 12th, five and a half months from date of last normal menstruation, Dr. A. C. Wilkins, of Oskaloosa, was requested to visit her and give his professional opinion and advice. His examination led him to believe that she was carrying a living child external to the womb, but he prudently withheld his opinion until further examination should confirm or refute his diagnosis. Some days later he repeated his visit, and carefully re-examined the case: introducing a sound into the uterus and finding it empty, he expressed the opinion that it was a case of extra-uterine pregnancy, and requested that I be called and share in the responsibility of its management. May 21st, along with Dr. Wilkins, I first saw the patient. Although apparently in fair health, she said she had suffered much from abdominal pains as well as from apprehensions that there was something abnormal in her condition, and that she was not going to get safely through with it. Her general appearance was suggestive of pregnancy in the fifth or sixth month, and the special signs corroborated the impression thus received. Motion of the child which might be felt almost any minute, imparted to the hand a sensation of close proximity, and gave rise to a feeling of surprise. The foetus could be distinctly outlined, and by a little manipulation, was readily brought into right iliac fossa, and one extremity made to give a rounded prominence on the vaginal wall, in size about as large as the large end of a hen's egg. The uterus was deflected to the left and os open, readily admitting the tip of the finger. Instead of having a globular form, the uterus was oblong, and felt like a large kidney. No rhythmic contractions could be detected. To differentiate the uterus from the foetus was a very easy matter, especially when one end of the foetus was brought into the recto-uterine space, producing the prominence before mentioned. The prominence being on the same pelvic plane with the cervix, the finger would necessarily sweep both in the examination. Warned by the recorded diagnostic mistakes of eminent gynecologists, it was not until I had patiently and carefully excluded every reasonable doubt, that I was prepared to say with Dr. Wilkins, that it was an extra-uterine gestation. That it was abdominal, seemed probable for the reason that tubal gestations rarely reach the fifth month without rupturing. A diagnosis involving possibilities so

grave, demanded that the management should be well considered before making a decision. Three courses were open to us: immediate laparotomy, which, in the light of experience was too hazardous, except to meet an emergency not yet present; or, second, to destroy the life of the child, and after waiting five or six weeks for atrophic and degenerative changes in the foreign mass, then to make the laparotomy; or, third, leave the case to nature and act as circumstances might dictate. The second course was chosen as the one most likely to give the best results. Two agents were discussed for destroying the child, the electric current, and morphia injected into the sack or body of the foetus. To protect the patient against any disagreeable effects of the current, or rather, with a view to minimizing them, a sixth of a grain of morphia was given hypodermically, ether administered, and a galvanic current of twenty cells was employed for ten minutes. Frequent vomiting followed for some hours, but other than this, no unpleasant effects were experienced. The negative electrode was placed in the vagina against the foetal prominence obtained as before mentioned, and the positive was placed on the abdomen over the other extremity of the child. As the effect of the current, no motion was detected for five. The next day under like precautions, a current of twenty-four cells was employed for fifteen minutes. Three hours after the second use of the current, feeble motion was detected. Two days later, a current of thirty cells was employed for seven minutes, and then three more were added for three minutes longer. After some hours it became evident that the child was yet living. The day following I injected into the body of the foetus, through the vaginal wall, a half grain of morphia. After this, no motion was perceived. Thirty hours after the injection of the morphine, labor pains came on, and a foetus was expelled *per viam naturalem*. The placenta was very small for a five months gestation, but besides this there were no marked peculiarities. The patient made a fair recovery; the only incident of note was an offensive discharge, lasting a few days only.

Here, then, was a case of extra-uterine foetation of the interstitial variety, ending, as such cases are sometimes known to do, in normal labor.

DIRECTIONS FOR THE PREVENTION OF CHOLERA.

ADOPTED BY THE CONSULTATING COMMITTEE ON HYGIENE IN FRANCE, AT A MEETING THE 24TH OF AUGUST, 1885.

(Translated from the French by J. M. Parker, M. D., formerly of Davenport.)

PERSONAL PROPHYLACTIC MEASURES.

Rigidly adhere to hygienic principles; avoid fatigue; exposure of the body to suddenly changing temperatures, especially when in a state of perspiration; the excesses of nature; avoid wines, alcoholic liquors and the use of an unnecessary amount of iced water.

Abstain from the use of unripe fruits. The drinking water must always be an object of particular attention, and for preventing any doubt arising regarding its purity, it must be boiled (better distilled) previous to imbibition. For table use, the natural mineral waters are especially recommended.

TREATMENT RESORTED IN CASE OF THE SICKNESS.

The attacked must be immediately isolated, each patient by himself, and the dejections must be rigorously disinfected instantly after being discharged.

Attention must be exercised that no one partakes of drink or nutrion within apartments confining choleraic patients; wash the hands frequently (and before eating) and thoroughly, with soap and a disinfecting solution. Frequently sponge the face with a solution of disinfectants. Compel the patient to rinse his mouth, previous to partaking of food, with a disinfecting solution. The garments soiled by choleraic dejections, must be immediately disinfected.

DISINFECTION.

The two disinfectants recommended are: Copper Sulphate and Calcium Chloride. Two solutions of each will be used according to the indications of circumstances.

A 5 p. % solution of ether, *i. e.*, 50 grammes of the copper sulphate or calcium chloride to one liter of water, will constitute the stronger; and a 2 p. % solution of ether will form the milder of the two disinfecting solutions, and may be employed for washing

the face and hands. For rinsing the mouth, a 4 p. % solution of acidi hydrochlorici is specially recommended.

DEJECTIONS.

All fecal or vomited dejections are to be immediately disinfected, with either one or the other of the stronger solutions. It is preferable to place in the receptacle destined to receive the dejections, a quantity of either of the stronger solutions. The dejections are to be immediately thrown into the closets, which are likewise disinfected twice daily.

In the country, it is preferable to bury the dejections in a proper covering of disinfecting material, under ground, at a selected distance from all wells and water courses.

The water closets and sinks, must be washed thoroughly twice each day with one of the previously mentioned disinfectants.

Washing of the linen used about the patients, will be frequently attended to; first, by remaining in one of the two stronger solutions for a period not less than four hours, and then placed in actually boiling water for one-half hour before being laundried.

The laundress must be cautioned, that no washings may take place near water courses; owing to the possibility of the waters becoming an instigator of an epidemic. This process is also applicable for the disinfection of garments, or they may be fumigated in a manner hereafter to be described for that of the apartments, tapestries, bedding, furniture. etc.

The *Cadavres* will be enveloped in sheets saturated with the stronger of the two solutions, and buried with the greatest possible despatch.

PUBLIC HYGIENE.

All the insalubrious causes, which, according to the force of experience, predispose districts for the invasion of cholera, must be kept strictly from view and rigidly guarded against. Without a badly conducted condition of hygienic affairs, in fact, cholera need not ordinarily, assume a dangerous character, and degenerate into the formation of an epidemic; also, the observation of the general hygienic rules specially concerned: the congregating of people, fetes, fairs, pilgrimages, the superintendence and provisioning of

the markets, the purity of the drinking water, the cleanliness of the soil, careful examination of wells, the regular removal of garbage, 1* the cleanliness in and about dwellings, particular inspection of locations occupied by the laboring population, the unimpeachable cleanliness, and regular disinfection of public and private water closets, careful disinfection of cess-pools, the maintenance and washing of sewers, 2* etc., applicable at all times, become more rigidly observed in times of cholera. The care of the administration must chiefly be directed to the healthfulness of the quarters and dwellings, which at the time of previous epidemics, have been the seat of cholera.

DRINKING WATER.

One must watch with very great care, the purity of the waters, and those proceeding from wells susceptible to infiltrations are prohibited.

The bakers must use only in their breadstuffs, water, the source and purity of which they must be thoroughly acquainted, and never to employ that coming from wells of doubtful locations. The prohibition regarding the washing of contaminated materials, clothing, utensils, etc., as well as the throwing as dejections into water courses, must be enforced.

PRODROMAL DIARRHŒA.

It is specially desirous to give equal attention to the general condition of the public's health, in order to prevent complaints, notably those of the digestive organs, from becoming serious and creating a favorable disposition for the development of cholera. It is also necessary to institute presumptive medical visits. The inspectors designated for this purpose will exercise a care for the health of families and individuals at their quarters, and insist upon the necessity of immediately treating all cases of intestinal derangement.

Obligatory Registration—All true or suspicious cases of cholera, must be immediately reported and registered at the mayoralty.

Isolation—The invalid must suffer complete isolation.

Inspection—In all habitations from which there has come a case of cholera, an inspection is immediately made by a member of the

medical profession, delegated by the municipal administration, to take all the necessarily urgent measures for strict isolation and disinfection..

CONVEYANCE TO HOSPITAL.

When a case of cholera is discovered in a room occupied by more than one individual, the patient is transported to a hospital in a special ambulance. The chances for recovery are there more favorable, and the transmission is not to be feared.

DISINFECTION OF INFECTED APARTMENTS.

The rooms which have been occupied by choleraic patients, are not to be reinhabited before a thorough and complete disinfection, by the combustion of 30 grammes of sulphur, to each cubic metre capacity of the apartment, has been accomplished according to the following directions :

Temporarily hermetically seal the room by fastening strips of paper over all crevices and fire places, to prevent the escape of the sulphurous vapors. Sprinkle the floor generously with water. Reduce the sulphur to small pieces, and place it in a shallow earthen or iron dish of about one litre capacity.

To guard against all incendiary accidents, place the dish containing the sulphur, into a basin in which there is water to the depth of five or six centimetres.

To ignite the sulphur, pour upon it some alcohol, or cover it with cotton saturated with the same, that it may fire easily. Being certain that it is well lighted, seal the doors of the apartment in the manner already designated for the windows, etc. The room is not to be reopened before the expiration of twenty-four hours.

It is necessary, in order to insure the safety of communities, to resort to a thorough purification; and this is done by the municipal authorities to insure positive execution.

GRATUITOUS DISTRIBUTION OF DISINFECTING MATERIALS.

The disinfecting substances are prepared and provided with printed labels, indicating exactly the manner of usage, and delivered gratuitously by the municipal authorities, to whomever may make the solicitation.

Transportation—Stretchers, carts, etc., exclusively used to transport cholera patients, must be prepared in advance, and after each transportation, washed with one of the stronger solutions. The carriages used for the transportation of contaminated garments, bedding, etc., will be disinfected each day.

HOSPITALS.

The special ambulances, and the special services of hospitals suitably isolated, will be specially prepared to receive cholera patients.

Reporter;

A. PROUST.

President;

P. BROUARDEL.

Sec'y Pro Tem.

DR. NAPIAS.

1* The accumulating sweepings are placed in a well closed box, and sprinkled twice, daily, with a sufficient quantity of one of the stronger solutions. After the boxes have been emptied, pour into them a quantity of disinfecting fluid. Manure and garbage before removal, will be well sprinkled with one of the two stronger solutions.

2* If, per chance, an invasion of an epidemic is at any time anticipated, precautionary measures must be taken at an early date preceding its appearance, and the sewers and cess-pools must be emptied and cleansed, with a frequency that will prevent the putrifaction of material.

SOCIETY REPORTS.

POLK COUNTY MEDICAL SOCIETY.

REGULAR MEETING, May 4, 1886.

Called to order by the Secretary, and Dr. McNutt appointed president for the evening.

The following members were present: Drs. Adams, Benson, Brubaker, Clark, Cokenower, Colvin, Coskery, Crosswaite, Currie, DeWitt, Finlayson, Frederick, Gould, King, Liebhart, McKee, McNutt, Moore, Nysewander, Schooler, Shearer, Smouse, Stuart, Worden and Wakefield.

The minutes of the last annual meeting were read and approved; also the minutes of the last regular monthly meeting.

Dr. W. C. Pipino was proposed for membership, and referred to the Board of Censors. The Board of Censors reported favorably on the names of Drs. Anderson and Matthews. They were duly elected members of the society. Drs. Lattà and Schofield were elected members by invitation, for the evening.

The following members were elected delegates to the State Medical Society: Drs. Liebhart, Currie, Clark, DeWitt, Moore, Stewart, Coskery, Nysewander, Crawford and Anderson. Officers for the ensuing year, were elected, as follows: President, J. W. Cokenower. Vice Presidents, E. M. Gould and J. I. Wakefield. Recording Secretary, Chas. D. Moore. Treasurer, Laura L. Liebhart. Corresponding Secretary, C. E. Currie. Board of Censors, O. D. Benson, J. W. Adams and J. W. McDowell. Trustee for three years, L. C. Swift.

Dr. C. T. Clark was elected chairman of section 4, specialties, with Drs. Adams and Crawford as associates. Section to report June 1st. On motion adjourned.

C. E. CURRY, *Cor. Sec'y.*

NORTH IOWA MEDICAL SOCIETY.

The annual meeting of this society, for 1886, was held at City Hall, Postville, on Friday, June 4th. The attendance was good, and the meeting a highly profitable one. J. J. Gregory, of Castalia, (Rush, 1886), was admitted to membership. Dr. J. G. Roome, essayist, chose for his subject, "scarlet fever;" the paper was an able one, and called out a general discussion. Volunteer essay by Dr. J. C. Crawford, of Waukon, subject: "A case of heart disease." Dr. P. L. Sharp, of Monona, reported an autopsy, showing entire absence of mitral valves. The annual address of the President, Dr. P. M. Jewell, of Ossian, was well received, and was requested for publication in the IOWA STATE MEDICAL REPORTER. Typhoid fever, the regular subject for discussion, was thoroughly discussed. Aconite was recommended when temperature reaches 103½. Tincture Iodine and Carbolic Acid, were regarded by sev-

eral members, as the most successful treatment in this disease.

Dr. J. W. Smith of Charles City, unable to be present, sent papers on the subjects before the society, which were read by the Secretary. Drs. Roome, Crawford and Browne, were appointed a committee to prepare a new fee bill for the society. Election of officers resulted as follows:

President, J. C. Crawford, Waukon; Vice President, J. H. Thornton, Lansing; Secretary and Treasurer, L. Brown, Postville; Censors, W. C. Lewis, Clermont; P. L. Sharp, Monona; John Shepherd, Postville.

Subject for discussion at semi-annual meeting, December next, "Pneumonia."

Essayist, next annual meeting, Mrs. Dr. M. B. Sharp, Monona.

Essayist, next Semi-Annual meeting, J. H. Thornton, Lansing.

Delegates to next meeting of A. M. A., J. H. Thornton, H. H. Clark, J. C. Crawford, P. M. Jewell, P. L. Sharp and Mila B. Sharp.

Delegates to the next meeting of the Iowa State Medical Society, P. M. Jewell, J. C. Crawford, J. J. Gregory, J. H. Thornton, B. E. Brockhouser.

Monona was chosen as place of holding semi-annual meeting, first Friday in December, the time.

L. BROWN, *Secretary*.

CENTRAL DISTRICT MEDICAL ASSOCIATION.

The regular annual meeting of the Central District Medical Association, of Iowa, was held at Ogden, June 15, 1886.

The meeting was called to order at 4 P. M., by the president.

Officers and members present: J. D. McVay, President; H. D. Ensign, vice president; A. A. Deering, secretary and treasurer; D. S. Fairchild, Chas. Enfield, G. H. Grinnell, J. H. Noyes, J. H. Lyon, G. D. Rowe, D. N. DeTarr, W. S. Schermerhorn, R. R. Williams, A. L. Wright, J. M. Brown, L. R. Sale, P. S. Moser, S. O. Stockslager, D. Sickler, O. W. Lowry, D. L. Scarborough.

The minutes of the last meeting were read and approved.

Dr. Williams was appointed to fill vacancy on Board of Censors.

The Board of Censors reported, recommending Drs. W. J. Saunders, of Scranton, and T. J. Coveney, of Boone, for membership, and they were duly elected.

Drs. Clark and Mellott were made members by invitation.

The report of the treasurer was read, showing a balance of \$177.-37 on hand. On motion, it was adopted.

The treasurer reported the names of members, three years or more in arrears.

The membership of the society was reported by the secretary, as 47.

The secretary's bill for \$90.35, was ordered paid.

Dr. McVay, chairman of the committee on Medical Legislation, made a report showing what the committee had done. On motion the report was received and the committee discharged.

Dr. Templeton, of Ames, being down on the programme for a paper on "Enteritis," a note was read from Dr. Plumb, stating that Dr. Templeton could not be present on account of the death of his daughter.

On motion of Dr. Ensign, it was voted that the secretary be instructed to telegraph a message of sympathy to Dr. Templeton.

Dr. Williams presented the subject of "Tracheotomy," and an interesting discussion followed. On motion, the paper was received by the society.

A patient was presented by Dr. Noyes, for examination.

A very interesting paper was read by Dr. Wright, on "Rupture of the Uterus," (see page 327). The discussion that followed was general, and lead to the question of the use of forceps in labor.

The meeting now adjourned for supper. Evening session, members present as before.

The paper of Dr. Wright was ordered sent to the IOWA STATE MEDICAL REPORTER, for publication.

The president's annual address, by Dr. McVay, was an interesting paper on "The Aims and Objects of Medical Societies." A plea for more thorough work on the part of the members. On motion of Dr. Moser, the thanks of the society were tendered to Dr. McVay, for his address, and he was requested to have the same published in the REPORTER.

An obituary notice of Dr. J. W. Gustine, was presented by Dr. Wright, and ordered printed in the REPORTER.

Officers were elected for the ensuing year, as follows:

H. D. Ensign, president; R. R. Williams, vice president: A. A. Deering, secretary and treasurer.

Grand Junction was selected as the place for holding the December meeting.

The president then made the following appointments:

Committee of Arrangements:—Drs. Scarborough, Lowry and Deering.

Committee on Medical Ethics:—Drs. McVay, Wright and Sickler.

Board of Censors:—Drs. Moser, Schermerhorn, and Fairchild.

To Present Papers:—Drs. Sale, Enfield, DeTarr, Brown, Sherman, Templeton and Sturgeon.

On motion, a vote of thanks was extended to the Committee of Arrangements, and that the bill for the supper, to-night, be paid by the secretary. The society adjourned at 10:30 P. M., after one of the most interesting meetings ever held.

REPORT OF THE THIRTY-FOURTH ANNUAL MEETING OF THE STATE MEDICAL SOCIETY, HELD AT DES MOINES, MAY 19-21, 1886.

(Continued from last issue.)

Dr. Kime arose and stated that jealousy was at the bottom of the whole matter, and that he had some documents that he wished to present before the committee, before the house took final action in his case. It was then moved and seconded that the report be referred back to the committee on ethics. Dr. Watson wished to know, if this was referred back to the committee on what grounds? The committee had taken his case in hand and suspended him, now why should it be referred back to the committee. Dr. Hensey said that he was informed, by the chairman, that when the committee considered the case in question, they did not know that Dr. Kime was in the city, and for that reason, he was not invited to be present, and in fact, they did not know that he wished to be present.

Dr. Jenkins suggested the question, as to whether a person could continue to be a member of this association after being suspended by the president. This question was answered in the negative, by the president. However, the report was referred back to the committee with the instructions that they hear all that Dr. Kime had to say on his side of the question.

The next, was the report on the president's address, after which, came a paper by Dr. Shrader, on pelvic inflammations. The paper was received by the society. For want of time, discussion on this paper was deferred until afternoon.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

To the President and members of the Iowa State Medical Society:—Your committee to which was referred the president's address, beg leave to report that the address is an eminently able and practical one, that the topics discussed and recommendations made, may well claim the attention of the members of this Society. In accordance with the suggestions of the address, your committee would recommend that some step be taken to bring about the collective investigation of diseases; that auxilliary societies be requested to tabulate all interesting cases of disease, and especially surgical operations and results of treatment, giving all the important details, and that a report be made yearly to the chairman of the corresponding section of this society. The subject of the education of the youth of our land, the injurious effects upon the health of the children and youth by the high pressure methods adopted in schools, although emphasized a year ago in an address by President Robertson, of the State Board of Health, is timely, and should receive the consideration of medical men everywhere. A note of warning should be sounded by this society in the ears of parents and teachers calling a halt in this matter. The drink habit to which attention is again called is one uppermost in the minds of all at the present time, and it should not be forgotten by the medical profession, that it is in a position to materially aid in the final solution of this problem. The subject of heredity in disease to which attention is called, the importance of healthy marriage unions for healthy offspring, merits the earnest and thoughtful consideration of our profession.

J. WILLIAMSON,
G. M. STAPLES,
A. L. WRIGHT,
Committee.

An invitation was given to Dr. A. B. Palmer, to address the society immediately after the opening of the afternoon session. Adjourned.

SECOND DAY.—AFTERNOON SESSION.

The society convened at 2 P. M., called to order by the president

who introduced Prof. A. B. Palmer, Dean of the University of Michigan, who said:

“My first duty is to express my gratitude at being here, and the hearty reception received at your hands. I bring to you the congratulations and expressions of fellowship from the state society of Michigan, of which I am a delegate to this society in Iowa. Next I will say, that what of your proceedings and papers I have heard, and the discussions listened to, all indicate a high tone of professional sentiment and advanced state of thought. I was highly gratified with the papers I listened to. Now I wish to speak of the International Congress. Of course you are all familiar with the fact that next year, in September, there is to meet in Washington, representatives of the profession of medicine from different countries, from Europe as well as from our own nation, in an International Medical Congress.

I am sorry to find that you seem to know there has been some misunderstanding with some members of the profession respecting the management of this International Congress. However, there is a disposition, as far as I know, to unite and make the congress a success in all particulars and an honor to the profession.

I found a statement that I was elected president of one of the sections of the International Congress. The section on pathology, which you will understand is one of the most important scientific sections, and now I wish to say here that I will be very happy to have the co-operation of as many as possible.

The president of each section is responsible for the same, and for the arrangement as well as the matter presented in that section. After hearing the character of your papers that have been presented, I am desirous of presenting an invitation to the profession, of this beautiful state of Iowa, to send me communications indicating that you are willing to prepare a paper for that section—that you will do some work which will be a credit to the West. You know some of the people down East think there is nothing in the West of a scientific character that demands special attention. I am very anxious that the West should appear in that congress in a manner creditable to the profession of the West, for I am sure we have men here who are as fully competent to do the work, as any men

in the East, and I hope that you will take into consideration the matter of preparing something for the International Congress—something original, or at least something that will show originality in investigation and research. There will be a committee appointed to whom will be referred all papers that are received, and I am desirous, as I said before, that we should have matter presented for that section which will be of a high order.

I most sincerely thank you for the courtesy I have received at your hands."

(Continued to next issue.)

OBITUARY.

OBITUARY NOTICE OF DR. J. W. GUSTINE, READ BEFORE THE CENTRAL DISTRICT MEDICAL ASSOCIATION, AT OGDEN, JUNE 15, 1886.

BY A. L. WRIGHT, M. D., CARROLL.

John W. Gustine, M. D., was born in Juniata County, Pennsylvania, September 16th, 1822, and died of Phthisis Pulmonalis, in Carroll, Iowa, Wednesday evening, October 7th, 1885. His family occupied a high position in the community in which they lived. His father at one time represented his district in Congress. John's early life was spent in a store with his father, at Mifflin, Pa. This proving distasteful to him, he entered upon the study of medicine in the office of the late Dr. Wood, of Philadelphia, where he remained until graduating from the medical department of the University of Pennsylvania, in 1848. He located at Pittsburgh, Pa., soon after 'graduating, and remained there until 1854. While a resident of Pittsburgh, he built up a good practice. Often has the writer heard the Doctor say that the mistake of his life was in leaving the flattering outlook, the success of his earlier years gave him. In 1854, the Doctor came to Iowa to see what advantages the broad prairies of this magnificent and almost uninhabited western country offered the enterprising, the industrious and diligent student and practitioner of medicine. The Doctor at this time was young, strong and ambitious; full of life and enterprise; willing to

undergo exposure and hardship, that he might no make a mistake of life and of his chosen profession. He located at Panora, Guthrie county, and continued to make this his home until 1875. During his residence in Guthrie county, extending over a period of more than twenty years, the Doctor was looked upon as one of the most successful practitioners in northwestern Iowa. He rapidly built up a very extensive practice, extending over his own and adjoining counties. It was during this early experience, while undergoing the fatigue and exposure incident to a large practice in a new country that the germs of this terribly fatal disease found fertile soil in the Doctor's lungs. About the year 1865, the Doctor had some pulmonary difficulty which came near proving fatal. For many years subsequent, in fact never, did he regain his former health. He was compelled to relinquish his arduous professional duties for many years, and at no time during the acquaintance of the writer, extending over a period of 12 years, was he able to assume fully the trials and exposures incident to the country doctor. During the career of the Doctor's early pulmonary difficulty, there was a period when the disease seemed to have been arrested. At least there was no advance, and he enjoyed comparatively good health. He was enabled to resume his practice, but with some restrictions. In the fall of 1875, the Doctor having extensive landed interests near, moved to Carroll. While a resident of Carroll he devoted the most of his time to the improvement of his large farm, avoiding the exposure and worry of practice as much as possible. His name had preceded him, however, and when among us he was compelled to do more or less. His age in the profession, coupled with much experience, called him as counsel in many difficult cases. The Doctor was married in Guthrie county, January 31st, 1860, to Miss Elizabeth A. Craig. The fruit of this marriage was two children, a son and daughter, who survive their parents. Mrs. Gustine was an amiable and most excellent woman. She led an earnest and consistent life. She died in Gainesville, Florida, February 20th, 1885, after a companionship of twenty-five years with the Doctor. This poor, unfortunate lady, without doubt, contracted the disease from which she died, from her husband. The Doctor remained in

Carroll county until the fall of 1883. His health failing as did that of his wife, they removed to Florida. The change of climate wrought no permanent good, and after Mrs. Gustine's death, the bereaved husband returned to Carroll in June, 1885. His health still failing, he, after a few days, left for the mountains of Colorado. He visited many points, but finding no relief, and realizing that the end was near, he turned his face homeward, reaching Carroll, October 1st. For a few days following his return, among friends he brightened up, but the change was of brief duration, as death came to his relief on the evening of the 7th.

The Doctor was a prominent member of the order of Free Masons, having been at one time one of the custodians of the work, and subsequently an officer of the Grand Lodge of the State of Iowa. The funeral was under the auspices of the Carroll Lodge, of which he was a member and Past Master. At the grave, the last Masonic rites were administered, making a solemn and impressive scene. Dr. Gustine joined the Iowa State Medical Society in 1868, was elected Treasurer in 1871, which office he filled until 1877. He always took a deep interest in the affairs of the State Society; attended quite regularly the meetings of the same when his precarious health would permit. He became a member of this society in the fall of 1875. He always manifested the same interest and zeal for the success of the Central District Medical Association as had characterized his connection with the State Society. During the period extending over the time of his membership with us, his presence was as regular as possible. He looked forward with pleasure to the semi-annual gatherings of the members of the Society. His memory as a physician, as a friend and co-laborer in the grand field of medical science, practice and investigation, will always be cherished by those who knew him.

DR. SYLVANUS N. BIXBY.

BR N. S. CRAIG, M. D., MANCHESTER.

Sylvanus Newell Bixby, M. D., the oldest son of Rev. N. W., and Ruby Bixby, was born in Starksboro, Vt., May 16, 1844, and

died at his home in Strawberry Point, Iowa, May 10 1886, nearly forty-two years of age. The pulmonary disease which caused his death, was of several years duration, his life having doubtless been prolonged by good management and judicious changes of climate. He came to Iowa when but three years of age. He received his literary education at Wasioja, Minn., and at Hillsdale College, Michigan. His medical education was received at Rush Medical College, Chicago, and the College of Physicians and Surgeons, Keokuk, Iowa. He was a member of the Clayton County Medical Society; the Delaware County Medical Society; the Iowa State Medical Society, and the American Medical Association, joining the latter at the meeting in Washington, D. C., 1884. His was an active life, and devoted to the interests of his chosen profession. In every way he strove to elevate it, and to contribute to the interest of the various societies to which he belonged. He was an earnest student, a ready debater, and a pleasing writer. He was thorough in his preparation of papers and topics presented for society discussions, and will therefore be greatly missed by his *professional friends* and *neighbors*, as well as by his whole community, where in consequence of his generous impulses, his ready sympathy, and his kindly, courteous manner, he was a universal favorite. To a degree somewhat unusual, he enjoyed the respect, the esteem and confidence of all. He was a member of various civic societies, who attended his funeral, but who, in accordance with his own request, made no parade, and dispensed with their usual services. His funeral sermon was preached by Rev. J. Chandler, of the Congregational Church, of which he was a member, who was assisted by Rev. F. J. Norton, of the M. E. Church. The services were largely attended by sympathizing friends, and by physicians of his acquaintance. The Delaware County Medical Society attended in a body, and published resolutions of sympathy and respect, which were also sent to his wife, Mrs. Emily Bixby, who survives him. A good man, and a faithful, earnest, conscientious physician has been removed from us.

EDITORIAL.

STATE MEDICAL SOCIETY.

The comment to be made on the work of this society at its last meeting, has been held back for the publication of its proceedings, which are being published as taken from full notes without abbreviation. These notes are so voluminous, two numbers of the REPORTER could not hold them all, without excluding all other matter.

The scientific work of the society was far below the capacity of its members, and was not a very great success, if we except the section on gynæcology, and it was below that of many of the auxilliary societies. There was occasionally a meritorious paper in some of the other sections. The several factions pushed their heads farther to the front, and there was less harmony. While their motives may have been, and probably were, good, their methods were injudicious and calculated to renew and open old difficulties. The success of the society in its advancement in scientific medicine, depends upon a unity and harmony among its members. The discussions were good, indifferent and bad. Socially, the society was a success; and were there no other, this element is a sufficient reason for the annual gatherings. The society resolutely some material advancement toward the elevation of the standard and betterment of its membership. There has been, and is now a progressive work in this direction among some of the auxilliary societies and their individual members. The position of the society will stimulate their further action, and will extend the effort. The resolutions referred to, are those upon the President's address, and upon Medical Education and Medical Legislation. In the resolution on the President's address, the recommendations for collective investigation of diseases, upon the high pressure methods, upon the drink habit and upon heredity, are good, and in these subjects, the profession will find productive fields.

STATE BOARD OF EXAMINERS.

The State Board of Examiners held their first session under the new law on the 9th of July. Ten per cent of the physicians of the State presented diplomas or certificates of practice. Six presented themselves for examination. The result of these examinations has not yet been determined. The examination blanks are well gotten up. The questions under each one of the different branches required by law, are practical, and of such a character that one who passes a creditable examination, must have a good knowledge of medicine, surgery and obstetrics. The examinations are not such but that any well educated physician should be able to pass the percentage required. Undoubtedly, there are graduates who would be unable to pass this examination. The profession may feel that on this score, the State Board of Examiners are faithfully and conscientiously carrying out their duties. The Board has received, as also has the writer, several letters of warning against parties who were to present, or will present claims to enable them to practice. A few anonymous communications have been sent. No such communications will be received, or have any weight whatever in the decisions of the Board. Anyone having any charge, or any positive knowledge, that constitutes a good reason why an applicant, or one intending to apply, should not legally be recognized by the Board, or given a permit, should feel it his duty to communicate the same over his own signature, to the Secretary of the Board of Examiners. Any such communications sent to the writer, will be treated confidentially, and he will see that the proper investigation is made. The Board has adopted nearly the same rules as those of the Illinois Board of Health, in regard to medical colleges. The following is a list of those colleges, whose diplomas will not be recognized: American Eclectic College, Cincinnati; American Health College, Cincinnati; American University of Pennsylvania (Buchanan), Philadelphia; Beach Medical Institute, Indianapolis; Bellevue Medical College of Massachusetts; College of Physicians and Surgeons, Buffalo, N. Y.; College of Physicians

and Surgeons, Milwaukee; Eclectic Medical College of Philadelphia; Edinburgh University, Chicago and St. Louis; Excelsior Medical College, Boston; Hygeo-Therapeutic College, Bergen Heights, N. J.; Hygeo-Therapeutic College, New York City; Joplin Medical College, Joplin, Missouri; Livingstone University, Haddonfield, N. J.; Medical Department of the American University of Boston, Boston; New England University of Arts and Sciences, Boston; New England University Arts and Sciences, Manchester, N. H.; Penn Medical University, Philadelphia; Philadelphia University of Medicine and Surgery, Philadelphia; Physio-Eclectic Medical College and Physio-Medical College, Cincinnati; St. Louis Eclectic Medical College, St. Louis; St. Louis Homeopathic Medical College, St. Louis; Curtis Physio-Medical Institute, Marion, Indiana; American Anthropological University of St. Louis; Medical Department of Drake University, Des Moines, Iowa; and King Eclectic Medical College, Des Moines, Iowa.

It will be noticed that the two Eclectic Colleges at Des Moines, are on this list. In making this decision, the subject of these two colleges was referred to a special committee, of which an Eclectic was chairman. The adverse report from this committee to the Board of Examiners was unanimous, and the report was unanimously adopted by the Board of Examiners. Medical schools that graduate over 45 per cent of their matriculants, will not be recognized. Already, attempts have been made to impose upon the Board of Examiners. They have signally failed. There is a prospect of a test case being made by the Des Moines Eclectic Colleges. Some of the registered pharmacists have attempted to take advantage of their counter prescribing; several applications have been made, some withdrawn, others still pending. This is a perplexing question to the Board. A man who claims to have practiced medicine for years, but who has never registered as a physician as required by law, who, on his bill-heads and letter-heads, claims to be a registered pharmacist, a druggist, nothing more, who has never been in the habit of making visits regularly to patients, and who

has not publicly pretended to be a physician and assume the duties, can have no right or claim to be recognized as a practicing physician, and come in under the five year clause. Should they persist in attempting to make affidavit under these circumstances, that they are practicing physicians, they should be made to feel the penalty of the law.

SMALL POX.

Small pox has appeared at Bolan, fourteen miles from Mason City, in Worth county. Fifteen cases have been reported to the State Board of Health. There is a case of varioloid at Grand Junction. The origin of these cases, is unknown, and it is not improbable that it may appear elsewhere. The profession should be on the lookout. (Later—The small pox at Bolan, was imported by a German.)

REGISTERED PHARMACISTS.

Four and one-half months have passed since the amendment to the Pharmacy law, giving the Registered Pharmacists control of the liquor traffic "only for the actual necessities of medicine." In the January number of the REPORTER, we expressed a serious doubt whether "the Commissioners of Pharmacy were the proper men to have absolute control of the liquor traffic. We did not attempt to answer the question at that time. We are now prepared to say they *are not*. It is useless to keep the question open longer. The medical profession of this State, through its resolutions passed at the late meeting of the State Society, has made a record, one that is sound. They recognize the evil from the standpoint of the physician, and they have not lost themselves by taking any position that would necessarily mix them up in the least in politics. No good citizen believes otherwise, than that the use of alcoholic stimulants is abused, and even the most radical opposer acknowledges that it has a place in which it is beneficial.

The medical profession have to do with pointing out its effects,

both beneficial and injurious. Their duties as physicians, go no further. When they attempt more, they then exercise their citizenship. Although recognizing the different views of the different parties, political and otherwise, as to the best means for obtaining the good, and for suppressing the evil effects, the members of the medical profession, in their professional character, have nothing to do with them, unless they encroach upon their professional field. That this time has come, there can be no question, and the profession should enter a strong protest. Let us examine some of the facts. The representatives of the Pharmacy bill, attempted to graft a clause into their bill "permitting" the physician to have certain rights in the sale and distribution of liquor. It is to the credit of the physicians in both branches of the General Assembly, that they resisted this. The pharmacists practically obtained the control of the liquor traffic. What are the results? In the city of Des Moines, the writer has made a careful examination of the situation; and upon inquiry, he finds the same condition existing elsewhere in the State. During the month of June, there was shipped into Des Moines, by the car load, a quantity of beer, estimated at its wholesale cost, amounting to \$16,000 or \$17,000. How much other liquor is not known. This was retailed out by the registered pharmacists "only for the actual necessity of medicine," except a small per cent sold clandestinely by the saloons and wholesale men. The medical profession of this city unite in saying there is not a great deal of sickness. Comment is unnecessary. What is the effect? In several instances, known personally to the writer, beer has been taken into the family and become a family beverage as a medicine, where it was before unknown, and the habit of beer drinking among women is on the increase. It is not from moral or economic reasons we should protest as physicians, but for scientific reasons, the prevention of disease from the mistaken use of alcoholic liquors in large quantities, as a medicine. The writer would be glad to receive communications on this subject from members of the profession, but only from a scientific and professional standpoint.

Those pharmacists who are practicing this kind of medicine and are clamoring for certificates as physicians upon the time clause, should have a dose of, "for palpable evidences of incompetency," Section 7, Medical Law.

Reviews and book notices will be delayed a little. We are crowded for space. Will try to finish report of State Medical Society, next number.

Any man wishing to step into a very lucrative medical practice in southwestern Iowa, can do so by purchasing office furniture and fixtures, of present incumbent. Price, \$300, cash. Address, I. M. H., care IOWA STATE MEDICAL REPORTER, Des Moines, Iowa.

WHAT IS SAID ABOUT OUR ADVERTISERS.

SUMMER DIARRHŒA.

In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of LISTERINE, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect.

It can be administered at short intervals after eating, as soon as regurgitation, distension or acidity occurs. Its action in arresting excessive fermentation is prompt, besides it exercises a decided sedative influence on the mucous membranes of the stomach.

The thymol, menthol, and boracic acid which, with the quota of alcohol necessary to their proper admixture, form the principal elements of LISTERINE, lend to this compound a special value in this class of cases.—*New York Medical Journal*.

NOTICE.

Wanted, a lady or gentleman agent to represent the IOWA STATE MEDICAL REPORTER in each county in the State. Work of agency will not interfere with regular business. Address, F. E. CRUTTENDEN, M. D., editor and publisher of the IOWA STATE MEDICAL REPORTER, Des Moines, Iowa.

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, JULY, 1886.

NO. II.

SOCIETY REPORTS.

REPORT OF THE THIRTY-FOURTH ANNUAL MEETING OF THE STATE MEDICAL SOCIETY, HELD AT DES MOINES, MAY 19-21, 1886.

(Continued from last issue.)

The next on the programme was the report of the committee on medical legislation, which was as follows:

“Your committee on medical legislation, appointed at the last meeting of this society, present the following report:

Soon after the last session of this society, your committee met and organized, electing J. Williamson of Ottumwa, chairman, and F. E. Cruttenden, of Des Moines, secretary and executive officer. They conferred with the State Societies of the other schools, and received hearty co-operation. Your committee drafted a bill, met in session with the the delegates from the other State societies, and after adopting some slight changes, unanimously adopted the draft and referred it to legal authority for revision and correction, after which it was published and judiciously distributed throughout the State. Persistent and quiet canvass was made among the members of the 21st General Assembly. Your committee have the extreme satisfaction and pleasure of reporting that their efforts have been rewarded by obtaining a law to regulate the practice of medicine and surgery. Your committee report further, that in their efforts to obtain this result, it was found necessary to incur expenses for legal advice, printing, clerk hire, etc., amounting in the aggregate to \$132.97, of which, members of your committee have

advanced and paid \$95.72, leaving a balance of \$37.25 yet unpaid. Your committee would recommend a vote of thanks to the gentlemen, members of the 21st General Assembly for their courteous and valuable assistance rendered your committee, also to the press who so kindly assisted us, and to the many others who aided us.

Your committee respectfully recommend that this society heartily co-operate with the State Board of Examiners, and give them all the support possible in the enforcement of the medical act.

J. WILLIAMSON,

President.

F. E. CRUTTENDEN,

Secretary.

Immediately after the above report, Dr. J. Williamson, offered the following supplementary report:

“The chairman of your committee as he has reason to know, voices the sentiment of its members in making special mention of the valuable services of Secretary Cruttenden, who was made the executive officer of your committee. From the day the committee was appointed, Dr. Cruttenden was an able and active worker in every way that promised to bring success to our efforts. He at once engaged in an extensive correspondence which brought the profession of our State to realize the importance of individually and collectively aiding in the matter of securing the passage of a Medical Practice Act. His presence at the capital after the meeting of the General Assembly, enabled him to make the acquaintance of its members, explain the object of the measure, and use his influence in its behalf. To him, more than to any other one is due the credit of the passage of the bill in which we were so deeply interested and for which some of us had labored for more than a dozen years.

We have said this much, that the profession of Iowa may understand to whom credit is due.”

J. WILLIAMSON,

Chairman Committee.

It was moved, seconded and unanimously carried that these two reports be received and adopted by the society.

Next came the report of the committee on medical education, which was as follows:

WHEREAS, There is a growing sentiment in this State and throughout the country, demanding a higher medical education;

WHEREAS, In many of the Medical schools of this country the course of study is too limited, the time too short, the preliminary requirements, the standard graduation too low; and,

WHEREAS, The nominal qualifications of many medical schools are not strictly observed, therefore, as the sense of this society, be it

Resolved, That the standard of Medical Education should be elevated.

Resolved, That every student should have a good preliminary education that will enable him to pass a creditable examination on all the English branches, higher mathematics and natural sciences, and that the medical profession should discourage all students of medicine who cannot pass such an examination:

Resolved, That the time of study should be extended to four years and that its course should contain more clinical and experimental work; and,

Resolved, That the standard for graduation should be higher, and the methods for final examination more thorough, and that those medical schools which do not adhere strictly to their printed requirements for entrance as students, and for graduation, be looked upon by this society with disfavor and as unworthy of their support.

This was commented on by Dr. Slater, and then adopted by the Society.

Dr. Smith moved that the expenses incurred by the committee, be paid by the society. Carried.

Dr. Shrader's paper was now before the society for discussion. No remarks being made upon it, it was referred to the committee on publication.

Dr. Emmert, chairman of the section on Obstetrics and Gynecology, introduced Dr. J. M. Knott, of Sioux City, who read a paper on "Death of Fœtus at Seventh Month from Nervous Shock, with Treatment of the case."

The discussion of the paper was opened by Dr. Olney, who said

"I was very much interested in the paper read, yet I must say that I think that the idea of superinducing labor on uncertainties

is a very unwise thing, I don't think but that the Doctor did just the right thing, he knew to a certainty that he had a dead child, so, under the circumstances, nothing was plainer than to proceed to deliver it. It was necessary for the safety of the mother. The great question that comes up, are you sure? Do you *know* that you have a case of the death of a foetus? Do like David Crockett, 'be sure you are right, then go ahead.'

We had another paper here, in which was made some remarks about the use of Ergot in labor, on which I want to make a reflection or two, in justice to the physicians of Iowa, (called to order by a member in the back of the house, on the ground of introducing personalities not called for. However, he was allowed to proceed and said): It is not true that the physicians of Iowa are in the habit of using ergot. I hope that none will consider the Doctors of Iowa so fool-hearted as to believe that they are in the habit of using ergot so promiscuously in the first and second stages of labor, as the author of that paper would indicate, and, Mr. Chairman, I think that I should have a right to refer to this too, though some seem to think that I should not."

Dr. Emmert arose and said:

"Mr. Chairman, all I desire to say is that the Doctor places me in a wrong light. I did not state in my paper that the physicians of Iowa are *all* in the habit of using ergot promiscuously, in the first and second stages. I simply said that there are still physicians in Iowa, that do do it. I am proud of Iowa physicians, we are as far advanced as any other state in the practice of medicine. Yet, I know from my own knowledge, physicians have told me that they used ergot in all stages of labor. Whenever a physician tells me that, I am sure of one of two things, either he never had a case of labor, or he did not know whether he was giving ergot or some other liquid that was colored.

I know that ergot produces a tightness of the uterus, and this will interfere with the foetal circulation, and is apt to produce the death of the child. All I wanted to do was to set the Doctor right."

Dr. Williamson, of Ottuma, was the next speaker. He said: "While it resulted favorably in the Doctor's case, while his guess proved to be correct, it might have been tried for 600 other cases

and not be right—be wrong. I would not upon my own responsibility, do such a thing until my patient began to show some evidence of the death of the foetus, and of its expulsion. We run a good many risks in such undertakings as a rule. The better procedure, in such cases, is not to take active steps toward the expulsion of the foetus, till we see it is absolutely necessary for the salvation of the patient. I do not believe, for my part, that we are warranted in assuming quite so much responsibility.”

Dr. Maxwell was the next speaker. He thought our silence at such times as this, in a society like this, was evidence that we sanctioned its proceedings. He thought that if the Doctor had taken pains to consult Cazeaux and Tarnier's *Obstetrics*, he would have found that they gave full directions as to the mode of procedure in such cases. He thought with the gentleman who had just spoken, that it was a very fortunate case, and one that had a fortunate turn for the better. But he thought that we had all seen cases that resulted just as favorably from nature's efforts alone. He had in mind a case in which he was positively certain that he had a dead foetus, could discover no foetal heart, the patient suffered the same as the one cited, yet he let the case go on, and at the proper time the expulsion took place, and the lady got along just as well as she possibly could have done had the child been alive. Now, he thought that this case stood out against that of the gentleman who produced labor.

Dr. Getz, of Marshalltown, said that the subject was one of more moment than is accredited to it. Of course, the medical law required certain qualifications in a person before he was permitted to become a practitioner, or before he was recognized as a member of the profession, yet book learning was not all that is required, to make a successful practitioner, for he is called upon and required to use good judgment quite as often as theoretical knowledge, and this is particularly true in the department of medicine and surgery. In reference to the paper of Dr. Knott, he thought there was no doubt but that he was right in his treatment. However, he said, “let us bear in mind, that Dr. Knott, has been in practice a number of years, that he has become more familiar with such cases than those who are just starting out in the profession, and that while he

may with safety adopt the plan he did, yet I would urge upon those who have not had considerable experience, to be cautious in the treatment you adopt. It would be safe to wait, as has been suggested, until nature makes some effort to throw off the foreign substance, or at least until the patient exhibits some symptoms of suffering from the foetus. We know that the foetus may be down in the cavity without doing any material harm, and when it is within the uterus, and so long as the patient is not suffering any physical injury, I think we may feel safe in not attending to it till the physical symptoms indicate it."

Dr. Knott, closing the discussion, said: "The first gentleman that spoke, the one from Ottumwa, I believe, spoke as though I had no ground for thinking that any special change had taken place in the condition of the patient, when I called attention to the fact that between the first and second visits, which I made two weeks after that time; 14 days after cessation of motion, I noticed a complete collapse of the mammary glands, the abdomen had undergone a decided shrinkage, and some other slight changes had taken place. Otherwise, as I stated, there was no change. I had made a very careful examination and felt as sure as I wanted to feel that the foetus was dead. I didn't attribute her nervousness, exhibited, to the effect of the child, for she was continually worrying because she had married a cousin, and thought that it was a judgment on her for so doing. There was a continual worry about all these things.

Furthermore, in reference to the points made about the dangers and the responsibility of the undertaking. Here is another thing to be considered in the case. It had reached, according to my judgment, seven and one-half months, I have delivered a large number of seven months old babies, and some earlier, and they lived and are now as healthy as any babies. The case was sufficiently far advanced to admit of the treatment I gave, and I inserted the probe, and within four hours of easy labor the child was delivered, the patient got along nicely, and she is now as well as could be. Now, all this can or may be attributed to good luck. but I don't so look at it. I do not think that I imperiled the life of the patient, either. I consider myself as cautious as any man. I

supposed that I was doing what thousands of other physicians had done, but I could not find it so recorded. I believe it is our duty to do all that we can. What are doctors for, if they are not to exercise a little common sense—judgment? I think that a person with sixteen years experience, and possessed of ordinary brains would not be running too great a risk in going ahead as I did, yet I would not advise those young in the profession to undertake the same operation without consultation, study, etc. Be very sure you are right in your diagnosis before you undertake the case.

On motion, the paper of Dr. Knott was referred to the Committee on publication.

Dr. Huntsman, chairman of the Committee on Ethics, to whom was referred the case of Dr. Kime, reported as follows: "Your committee to whom the case of Dr. Kime was referred back, would report that we have listened to the statements of Dr. Kime, but having no proper appeal or evidence before us, we are unable to reach any other conclusion than the one already reported.

It was moved and seconded that the report of the committee on ethics be received. Carried.

"Neurasthenia, and its relation to diseases of women," was the subject of a paper read by Dr. Margaret A. Cleaves. Dr. Gilman opened the discussion of the same. He said that he was deeply interested in the subject presented, and could talk for an hour or more with a good deal of enthusiasm. He said that the general practitioner, especially in the country, had little idea of the accumulation of these cases. But in the cities, where they are becoming so frequent, physicians are beginning to discover them. He said; "there has been a great deal said about making provision for the insane; there is a great deal said about the prevention of insanity; one of the means by which this result may be brought about is, that one of the feeders of our insane asylums be stopped in a great measure, by recognizing the diseases of the nervous organization, functional or otherwise, in season as we meet them.

It is difficult, in a large class of these cases, for the private practitioner to have the proper surroundings for such treatment as they require. In some cities there is a better opportunity to treat them than one can secure from the ordinary physician, and I trust, ere

long, it will be more general. I refer to the establishment of a hospital for the treatment of Neurasthenia. It requires an individual effort, a small fortune to start such an institution. An institution of this kind could be started in a small way, and I hope that this society will take some action in reference to those who are devoting themselves to this work, so that they may feel that they will have some substantial aid to help them in establishing it.

Frequently, one of the important matters in the treatment of these cases is the removal of the patients from home and from the surroundings in which they have been under at their home—irritating and in many cases, really obnoxious—something in the domestic arrangement is often the cause. The importance of removing the patient from under these surroundings, can not be overestimated in the treatment of these difficulties. Many times, patients come to us complaining of feeling bad. An examination finds the different functions performing their work all right, no organic disturbances, nor anything that would indicate that there was anything out of the way, only a depression of spirits, a lack of vital energy, in short, neurasthenia in a mild form. A brown bread pill and a change of surroundings is all that such patients need. There is no disease to which the human flesh is heir, where there is more excruciating agony than in these cases of neurasthenia, and we as physicians should recognize it to a greater extent than we do, and so help nature and the sufferer."

Dr. Clapp was the next to speak and said: "I feel like congratulating the society upon the most excellent paper to which we have listened, and I feel like thanking the author for offering us the pleasure. How vivid the picture! How easily we recognize these cases! How cautiously was introduced the use of the speculum—that miserable instrument, the speculum—that instrument that is used nine times when it should not be used once. There are others who believe differently, two or three times I have gotten myself into hot water by a too free use of this instrument.

Oftentimes when these cases are recognized, applications are made, treatment given, then if they do not recover they are thrown one side as cases in which there is some trouble with the sexual organs, and local treatment given. I recognize these cases every day

and it is much easier to recognize them than to treat them. A person must be willing to be snubbed by the friends of the patient, must submit to not having his work at all appreciated. It is not very nice to have the patient come to your office after you have done all you can for her, and say she feels worse than before—has a pain here, one there, believes she is getting worse, thinks she will try another doctor—and this repeated until you are tired of the case and wish she *would* take herself to some other physician. Something should be done for this class of patients. As Dr. Gilman says, we recognize this fact, but are we willing to provide some place where they can receive treatment which alone can benefit them, and save them from the insane asylums, where so many of them are drifting every day. As has been said, great benefit can be secured in the treatment of these cases by proper surroundings—change of occupation, sun-light, etc. A change in the diet will also be of benefit, some little delicacies that the patient craves will often do much more than medicine can do. This would be a good subject to bring before the legislature. When one starts the ball rolling we should give him all the support and encouragement possible, there is not a doctor here who would not send a half dozen patients to Dr. Cleaves.

DR. RILEY was the next speaker, and said in substance: this subject is very interesting to me. When I received my diploma as a graduate in medicine, I do not believe that I was conscious that there was any such a disease as neurasthenia. It was my fault but such was the case. I had to learn by painful experience, that there was something else the matter with these patients besides what I had supposed. The greatest trouble I have had is in making the patient understand what was the matter with her, I tell her she is suffering from neurasthenia, and she wants an explanation. I tell her, yet she goes away and says that the doctor knows but he wont tell me.

In the first place mental trouble is more often the cause than physical prostration. One case I remember, where a man had a mortgage on his place; he was about to lose it, and it produced such an effect on the wife that she became pale, emaciated, and soon was under my care. She would have a pain here and there,

she could not tell what was the matter, but it did not take me long to find out what was the matter. It came from the anxiety she experienced in the thought that they would lose their place. There are other cases where a mother with small children has to make her way in the world. The burden and the responsibility of the work is so heavy upon her that it will often produce neurasthenia. I have several cases of it among teachers. They have followed the work so long that they become so nervous that they can hardly stay in the house. I say to them, "stop teaching." If you don't the county will have to support you. I tell them to take a rest, they say they can't do it. I tell them they must.

Dr. Hanawalt offered a resolution that the time of speaking be limited to five minutes. This was objected to as it would cut the discussion short, but by vote it was carried.

Dr. Olney wished to make a few remarks. It was his opinion that dame fashion was the cause of many cases of so-called neurasthenia. Society is a despot. The fashions of our times are imperious. If a person has not enough lip to cover up their front teeth, out they come. For the sake of being in style the front hair is "banged." Tight corsets, late hours, and fast living do much to prematurely break down the health of our coming generation of women.

Dr. Smith addressed the chair and said, "I wish but about two minutes. I believe the time has come when the State of Iowa should have a woman's hospital where diseases peculiar to women can be treated as they can not be at their homes. Such an institution was in successful operation in there places, and he thought that one could be maintained in the State of Iowa. He would like to hear from others on the subject.

Dr. Getz wished to say that he approved of the suggestion of Dr. Clapp and would concur in the idea advanced by Dr. Gilman. The motives were good, and while he would like to see all done for suffering women that could be, yet he thought that it was well to consider whether it was an expedient undertaking to establish a hospital for the treatment of this class of diseases. It was a question in his mind whether an exclusive institution was just the thing or not.

Dr. Watson was not in favor of such an institution. Of all places under the sun for a woman needing rest and quiet to go to, was a hospital full of nervous women.

Dr. Emmert, of Atlantic, said that one point in the paper of Dr. Cleaves had not received proper attention, and that was the prevention of this trouble. Now if the cause of this difficulty can be found, it is possible that we may not need a hospital. He was of opinion that the cause of a large share of these difficulties was found in our public school system. He thought our present school system was wrong. The little one starts at the age of five years to attend school, she is wrought up to the highest pitch of enthusiasm to try to excel some other pupil, she bolts down her dinner, rushes off to school at one o'clock, stays there until four P. M. Later, she is compelled to take herself to her room and in many cases study till ten o'clock at night. The idea of her developing physical strength, while pursuing such a course, was preposterous. She is sent off to school, finishes at fifteen years, and is then thrown out upon society to be subject to all its demands. The strain is too great, and in many cases she is an invalid after one year. She has a fully developed mind, but is dwarfed and stunted physically. She is in no condition to be a wife and mother. If she does bear children they are invalids from the time they are born. As soon as they are married they seek some means of preventing conception. To this end, every means is brought to bear upon her, if conception takes place, then the next thing is to produce abortion, and I am sorry to say that there are those in the profession who will, for a small sum, undertake such a task. Shame on them! The deed is done, and what little vitality there was in the woman has been destroyed either in preventing conception or afterwards.

Dr. Palmer was invited to express himself upon the subject in question, and in reply he said: "Mr. President, I came here to hear rather than to be heard. Of course the experience of a man who has had as varied a one as I have had in chronic cases, and those of an unusual character, may be of some worth to the younger members of a society like this. I have come to the opinion upon this subject that not many girls are injured health

wise, in the way suggested by the gentleman who just took his seat. I do believe after all, that so far as mental culture is concerned, the doctor's view is a little extraordinary. I am connected with an institution that is educating women in higher literature and in the professions, and I venture to say that those who are the best scholars as a general rule have the best physical development. I want to say that we haven't a set of invalids at the University of Michigan. I am positive that there is not so much mischief done by mental cultivation as is generally supposed. I know many young men who go home to their mothers, all broken down—their nervous system exhausted and practically a complete wreck. You enquire into the habits and conduct of these young men and you find that it is not study that does the mischief, but it is the hard labor they have put in trying to give their old pipes the proper color—an indulgence in the personal vices. Now the secret. He has lived in his little contracted room, has not had air and sunshine, spent nights in dissipation.

I assure you that it is not in the most intelligent portion of a community that you find these cases of neurasthenia, it is among those who have been reared in idleness—were dissipated, lacked enthusiasm. Then, too, you will find something back, besides mere nervous exhaustion, more frequently something in the digestive and assimilative organs that operates upon the nervous system, and it is not to be remedied by tonics, stimulants, narcotics of any kind. I was sorry to hear in the paper read advocating of the *mere* use of wine (applause) that is not the thing to do. Now you all know that there is one thing resorted to, in cases like these, and that is 'nerve tonic,' 'nerve stimulants.' These cases are regarded only as simple exhaustion, and all that needs is a little nerve tonic. These tonics do not do the work attributed to them—they simply derange the system. You know that within the last few years it has been said that mercury, in small doses, operates as a tonic to the nervous system. It acts as a stimulant and nothing more. Keeping the bowels open will do more as a tonic than iron, and a good deal more than those articles that are spoken of as stimulants. I believe that the women of our age are as capable of development mentally as the men, and I can say that our girls at the university

are as rosy-cheeked and blooming as any set of girls in any society, and in many cases a great deal more. The dissipations of society are worse on the system by far than any amount of hard study.

Dr. Cleaves closed the discussion by a few well chosen words expressing her thanks for the lively interest manifested in her paper, making a brief explanation of one or two points, and by saying that she believed that women were capable of just as high mental culture as men, and should have just as good health. (applause.)

At this point Dr. Smith introduced a resolution, which was as follows: "Resolved that it is the sense of the Iowa State Medical Society that the time has come when a woman's hospital should be added to the list of the public instructions of the state."

Dr. Smith said that he introduced the resolution as he could see no good reason why such a place should not be established, and as it was in successful operation in New York state, he thought it ought also to be a success in this state. The motion was seconded.

Dr. McNutt was the first to speak on the subject. The question as he understood it was that the institution was to be one, in which are to be treated cases of neurasthenia. It is proposed that it be a hospital for all ages, young women and old. If such a place was inaugurated, it should be such a one where patients can obtain a knowledge of the laws of health so that, when they return to their homes, they will know how to care for themselves—the proper food, exercise, etc. While he would give it all the support he could, yet he questioned whether it could be made a paying institution in this state.

A few more remarks were made upon the subject when it was put to a vote and lost.

Dr. Simonton, said, "I rise to offer a resolution, which is as follows:

Resolved, that the Iowa State Medical Society heartily endorses the action of the American Medical Association in all its acts in relation to the International Medical Congress, to be held in this country in 1887;

Resolved, That the American Medical Association, in the opinion of this society, is the only body that can properly represent the

medical profession of the United States, and we further pledge our aid and concurrence in any further measures that may be adopted by our national body in relation to the International Medical Congress, knowing full well that the interests of the entire profession will be faithfully subserved;

Resolved, 'That a copy of these resolutions be sent to the journal of the Association for publication.'

Carried by a unanimous vote.

Dr. Worden asked that his paper, "Sanitation by Fire," be the next one read; it was objected to by Dr. Cruttenden, on the ground that it had come to be the common custom to put the section, of which he was chairman, at the very last, and then let other papers and business occupy the time so that the papers of his section were crowded out. He thought that there was not much encouragement offered by such a course, to those who would, or could take the time to prepare anything of worth. So in justice to those who had taken pains to write upon these subjects he thought his section should be introduced at this time. The request was granted him by the president, and the floor given to him, (the chairman) while he made his report.

Dr. Hobby, of Iowa City, was the first to speak, he had some experience in this direction—that is, of examining children of the public schools—and it was his experience that in Iowa, Myopia, *per se*, is not very frequently found. In Germany, myopia is very prevalent—being found among 50 per cent of the people. And it is particularly so among the educated classes—those who have spent their time for years pouring over books, in close study. It was also found among the children of those who had for years been in the habit of using their eyes at short range. In this country it is different, somewhat. The children of parents who have moved into a new country, do not have this disease, though it is often the case that they have the opposite. He endorsed what Dr. Cruttenden said in reference to the use of zinc. He thought 75 per cent of conjunctivitis would get well if left to itself. He thought a large per cent of neuralgias would be temporarily relieved by the use of atropia.

Dr. Schooler said he did not know very much about the eye.

It has been intimated that school life has very little to do with the production of myopia. It has been set forth that in new countries myopia was also scarce. It has been stated that this difficulty is found among the higher grades—that is, among the educated classes. Now, it seems to me, that there must be some connection between these two classes. The fact that this disease is found among those who constantly use their eyes at short distances, and it is absent in those who live in new countries where but little book study is done, goes to confirm the idea that the continual use of the eyes at short range does produce myopia. He was of the opinion that myopia should be recognized early in life, and by the application of glasses take the strain from the eyes.

Dr. Simonton was the next to speak. He said it was useless for him to say that he didn't know anything about the eye, for his long experience in the study of this specialty had given him a little information, though he would yet admit that there was yet a great deal to learn. Myopia was thought by some oculists to be an acquired disease, but it was his opinion that it was hereditary. It had been found since the days of the war, to large extent in the negro race. He attributed it to the application of their eyes in study, etc. He was of the opinion that the reason why this difficulty was not found among the higher grades in the public schools was because there were but very few, comparatively, who go to school, long enough to get it—he was of the opinion that a continued use of the eyes would bring myopia, as the result. If this is found to be true in Germany, why should not the same result follow in this country? It was true that a large percent of the colored race has been found to have myopia, but he did not think it was quite fair to base a general statement on so few examinations as had been made.

Dr. Hazen said that this was a very complicated subject and one rather hard to bring before the minds of the people who have not specially studied it. He related how one professor had examined over ten thousand cases in the public schools and found that a very large percent of them had traces of myopia.

Dr. Hutchinson thought the position had been well taken in regard to the use of the eye in proper development of it. The difficulty with many was that they had not been properly educated—they had

been allow to use their eyes indiscriminately. There should be a systematic use of the eyes. There should not be too much straining of them, not too much confining of them, it would be a good thing for those closely occupied in study to go out in the country, engage in various sports, and so equalize the use of the eye.

Dr. Cruttenden closed the discussion with the following: The question has been raised in regard to high schools being an example of increasing myopia. Dr. Simonton has fallen into a popular fallacy, the course of reasoning from such evidence is very short, too narrow, for the reason that it takes in but one part of the field. For example, let us take a school of two or three hundred pupils. The percent of myopia in that school, we will say, is ten, and upon an examination of its higher grade, there will be found twenty or thirty percent of the pupils who have myopia. Does that prove that myopia has been increasing? No, not necessarily, for the reason that the proportionate decrease in the attendance is so marked. Go among the people of this city and inquire how many of their children are at school and how long they attended school, how many have good eyes, then take their position in life, their family position and you will find that the average attendance is but a few years and that at the ages of 10, 12, 14, or 16 the most of the children leave the schools. The percentage of the children who are in attendance during the 2nd, 3rd, 4th, or 5th year is very large in comparison to those who attend in the higher grades. Therefore, it follows and directly in connection with what Dr. Hobby has said, that the increase of myopia does not necessarily come from the work of high schools, it may come about by selection, that is by dropping out that increase in the per cent of myopia is caused. Then in reference to the statements of Dr. Hazen, one may examine the eye of a thousand children, of these children ten or twenty per cent may be near sighted or short sighted, this does not prove that all this per cent is myopia, there are other errors of refraction and some diseases that must be excluded first. This is not usually done, at least the data from which we draw our conclusions does not always contain the per cent of the defects that produce nearsightedness, or even that there are other defects. That long range of vision produces hypermetropia or prevents myopia is not

settled as yet. There are these facts. We find that in a class of people in the large cities the nutrition, habit, and development is often such, that a large per cent have general diseases that produce complicated diseases of the eye. For these reasons it does not follow that myopia is regularly increasing among school children and as a direct result from school life. In answer to the statement of Dr. Schooler, too little is known to base a general statement, there are some things known. No one man's experience can be relied upon. It takes a long time to establish a rule. From what little observation I have made, I am convinced that there is a disease among the negroes, syphilis, that is increasing very rapidly, one from which there arise many eye complications. Apparent myopia is often associated with some of them.

The next on the program was the paper by Dr. Hobby, on the subject, "The significance of eye symptoms in tabetic diseases." The paper was received by the society and referred to the committee on publication. Dr. Cruttenden said that the paper was one which he was not able to discuss as thoroughly as other papers, because of its peculiar character. A large number of the spinal difficulties manifest themselves in a different way than by eye symptoms. Any physicians of four or five years experience could confirm this. Each one of the cases cited is peculiar to itself, and for this reason unless one is acquainted with the case, it is difficult to discuss it, therefore the doctor and his paper can not receive that notice that he, and it really deserves. He heartily endorsed the paper.

Dr. Hazen thought the connection between nervous troubles and the spinal troubles was exceedingly rare. The doctor had entered a field, he said, that was beyond our common experience. He heartily endorsed the paper—thought it was a very valuable one and ought to be carried to the Medical Congress.

The discussion of the paper was closed by Dr. Hobby in a few words thanking the society for the endorsement of his paper, and also a few remarks explaining one or two points brought out in the discussion of the subject under consideration.

On motion the society adjourned.

SECOND DAY.—EVENING SESSION.

The society was called to order by the president. A short report of the committee on arrangements was made, after which Dr. A. L. Worden, read a paper on "Sanitation by fire." The paper was received by the society, and discussed by the following persons:

Dr. Kennedy—I think, he said, that no one will deny that if we find some economical and practical way of disposing of carbage and excreta it will be a wonderful step in the advance of health. Here the doctor gave a discription of the apparatus, that he saw an account of a short time ago, that had been in quite successful operation. This devise consisted of a furnace having three tiers of grates, one above the other. The garbage was put into the upper one, and a small amount of fuel is allowed to dry that which is next to the fire, and as soon as it is dried it is drawn into the fire, and burned. Then that in the next tier above is allowed to dry and is burned, etc. So, while one portion is drying out the other is burned. He stated that the apparatus in question costs about \$350, and, so far it was found that the expense of running it was light, and that it worked quite satisfactorily. The final result would be watched with great interest. He stated that in many of the states, at the present time, they are making experiments of different kinds with a view of cremating the garbage and excrement that is usually allowed to lie on the ground.

Dr. McNutt said that there could be no question about the value of crematories. But as to cremating human bodies he would be inclined to defer it for one very good reason, and that was, that there would be some difficulty in getting material for the dissecting room, if the practice prevailed generally.

Dr. Gardner. I think that this paper calls attention to a nuisance that is ot too great an extent throughout this country, and that is the privy vault. There is a practical feature in connection with this that I would like to mention. It is a cheap means for getting rid of the excreta. For a long time I would dig pits and move my out-houses, but I soon had pits all over my ground, and they became a nuisance. So, since, I have tried another plan, and that is, to construct a couple of pans of zinc, about 18 inches wide and 14

inches in diameter, fill these about half full of dry earth or ashes and use them as a deposit vault. It can be placed under the outhouse in such a way that it can be easily removed. This has proven very satisfactory, and is the very best way I know of for removing excreta.

We have begun in our kitchen another reform. Our girl is instructed to put nothing into the slop buckets except the bare fluid itself. Everything in the shape of garbage that will burn in the kitchen stove is placed in there. This is a very satisfactory disposal of this matter. I think, that if doctors themselves would set the example, soon their neighbors would follow suit and shortly there would be a successful disposal of garbage and filth.

Dr. Hutchinson took a little different position than had been taken by the other gentlemen—he thought that by this crematory act we were interfering with nature's own process. When we remember that what comes to us under the name of refuse is a very important part of nature's scheme to keep the earth fertile, then we will realize that in destroying it we are robbing the earth of a very important fertilizing element. In this new country the soil is rich enough without it, but in the older countries it has come to be quite an item. In the old country all the town refuse that can be disposed of is carried off to the outskirts of the town and there sold for quite a good price as manure.

He could not believe that so much injury would come from sewerage that emptied into our rivers, as it was a fact that ten miles below the city of Paris, on the river Seine the water was so pure as to contain practically no trace of organic matter. If a river into which is emptied all the refuse from a great city like Paris is purified in so short a distance, he thought there was not much danger from contamination from sewerage gas in our western country where the towns are so small, not sufficient to make the contamination of rivers a serious matter.

It was moved and carried that this paper be referred to the committee on publication.

The secretary, Dr. Kennedy, offered the following resolution:

Resolved, that the secretary of the State Board of Health be permitted by the committee on publication of this society to make

copies of the able and interesting papers read before this society relating to public health, providing there is no objection on the part of the authors.

After this the remainder of the evening was taken up by Dr. A. C. Field, chairman of the section on microscopy. He read a very able paper on, "Microscopy in Medicine." The paper was replete with good things, and the illustrations were excellent. At the close of the same he was unanimously tendered a vote of thanks for the able and interesting lecture given.

Adjourned at 9:45.

THIRD DAY.—MORNING SESSION.

After a supplementary report from the committee on arrangements, the secretary made his annual report, after which Dr. Hazen read his paper before the society entitled, "The treatment of the Lachrymal Apparatus." It was moved that the paper be received by the society. Carried.

Mr. McNutt was the first to open the discussion. It had been a very interesting paper to him. He had been treating some cases of nasal catarrh and eye difficulties of late, and for his benefit he would have been pleased if the doctor had given some hints in his paper respecting the successful treatment of these cases. He had found that some cases were very hard to treat.

Dr. North said he had considerable experience with catarrh and in those cases in which the lachrymal duct had been affected, and in recent cases he had not used anything to distend the duct as he had applied the treatment to the nose. The inflammation extending from the nose to the eye did not originate in the eye, so by applying the treatment to the nose the cause of the trouble would be removed, especially if there was not some organic difficulty. He used the hot spray; also a warm spray of vasaline medicated. He also noted one or two other treatments he gave. He was sure that nearly every case of nasal catarrh could be cured by this method of treatment if it was not caused by some organic disease.

Dr. Hutchinson thought there was not a more difficult disease to treat than of the lachrymal apparatus. A multiplied experience was the element of success. He thought that heretofore the meas-

ures had been too harsh, and he thought the treatment should be milder.

The paper of Dr. Hazen, on motion, was referred to the committee on publication.

Next on the program was the paper of Dr. F. S. Thomas, entitled: "Diseases of Male Sexual Organs." The paper was received by the society, but before the discussion began, the secretary asked permission to present a communication from Dr. Schooler, as follows: I desire to nominate Dr. J. F. Todd, of Chicago, for corresponding member of this society, he is now vice-president of the Chicago Medical Society. He is a liberal contributor to different medical journals having recently contributed an able paper on the etiology of typhoid fever, etc. On motion he was made a corresponding member of the society.

Dr. Macrae, was the first to speak on the paper open for discussion and said. I think that this paper of Dr. Thomas, just read, a very practical one, and the only objection I have to it, is that it hints to one of these specialties. I have always thought to say the least, we have enough specialties. If he had said that sufficient study had not been given to pelvic disorders that are peculiar to the male sex—that the authorities had not written sufficiently on it, without going any further, that would have been satisfactory to me. I am certain that there are affections of the male sex that have been but very little studied. One in particular that the doctor did not point out. And that is, pelvic abscesses of the navel. These cases are very obscure, and are not readily distinguished.

Dr. Hoffman, of Oskaloosa, said that the trouble, why we did not know more of these subjects, was because we did not read up enough. He would suggest that we read up some.

Dr. Thomas closed the discussion by saying that it was his opinion that what we wanted was a literature on this subject that was not composed wholly of the narration of cases.

The next in order was the report of the chairman on the section of materia medica, Dr. I. K. Gardner. The paper was received and discussed by Dr. Finlayson, of Des Moines, who said that in all the list of new medicines there are only a very few that sur-

vived the real test and satisfied the profession that they were of any account. "I believe" he said, "that outside of cascara and cocaine there have been but very few new remedies discovered that are reliable or can be depended upon." He thought that the "patent medicine man," had done a great wrong to the medical profession by bringing medicines already prepared and that were of no worth whatever.

The report was referred to the committee on publication.

Next came to report of the committee on the constitution and by-laws, given by Dr. Watson.

To the president and the members of the State Medical Society— The undersigned committee on revision of constitution and by-laws have carefully considered the amendment to article III, of the constitution offered at the last meeting, and would recommend its amendment by striking out all after the word "diploma" and substituting "or certificates from the State Board of Health of the profession thereof."

Dr. North was opposed to this amendment on the ground that it would open the door to any person who had practiced medicine simply by presenting a certificate. Said it would do away with the delegate's bringing his diploma which had heretofore been the custom.

Dr. Getz thought that if a physician had a diploma, it would make but little difference whether he brought it to the society or not. It could be passed upon by the board as well away from the society as well as at its session.

It was here remarked by some member that the understanding was that this applied to persons who have no diplomas.

Dr. Schooler said if he understood the constitution this amendment would be obliged to lay over another year on account of its being a modification of the resolution adopted at the last session. If this is so then farther discussion would be out of the order. He appealed to the president to know if he was right in his supposition.

The president answered that if there was a change in the original resolution then it would have to lay over another year. Here he read from the constitution to support his view upon the subject.

Dr. Garduer asked if his section could not be continued. The president said that the matter before the house must first be disposed of.

Dr. Watson then said that if that was the decision—then with the consent of the other member of the committee he would withdraw the amendment and let the resolution be presented in its original form.

Dr. Jenkins remarked that this does not change the decision—every physician is compelled to register his diploma.

Dr. Kennedy said that the resolution in question was offered by himself last year, though in a little different shape. He said that the matter came up for discussion and it was thought by the committee that with this modification there would be no further tinkering. "As for myself," he said, "I am willing to withdraw my name and let it be presented just as it was recommended by the last session."

Dr. Smith was in favor of the original resolution, as was also Dr. Hanawalt. A vote was called which resulted in a unanimous decision in favor of the original resolution, as adopted by the last meeting, which is as follows:

"The undersigned committee on revision of constitution and by-laws have carefully considered the amendment to article III, of the constitution offered at the last meeting and would recommend its adoption."

As Dr. Moorehead was not present it was moved that his paper be received and read by title.

Dr. McNutt offered the following resolution:

WHEREAS, the custom of most of the State Medical Societies of this country is to publish their proceedings annually, and as soon after the setting of the convention as practicable, thus giving great interest to the papers while they are fresh, therefore,

Resolved, that the committee on publication be instructed to publish the proceedings of this convention as soon as practicable, during the present year, and that hereafter the proceedings be published annually.

Dr. Watson said, this question had been sprung many times, and the fact was, there were two reasons why it should not prevail,

and these were, that while this year there may be a good array of papers yet next year they may not be so good, and that, take it this year, there is not a line on surgery. How it would look to have a report go out to the world from the Iowa State Medical Society without a line on surgery? It was his opinion decidedly that the resolution should not prevail.

The question was put to a vote and resulted in its being lost. Noes 24. Yeas, 15.

Dr. Kennedy offered the following resolution: "*Resolved*, that it is the expression of this society that the committee on arrangements is not required to strictly adhere to the order of the sections as laid down in the constitution when preparing the program."

Dr. Jenkins said that he considered this a very important question. Many of the members who come here are interested in surgery while others are interested only in medicine. They are not able to attend during the entire session, and perhaps the very paper and discussions they wished to hear would all be over when they arrived.

He thought there should be a certain order that was to be followed and then strictly adhere to that order. He stated that as the result of this irregularity one man in his section at least was unable to be present, when the section was called for.

Dr. Gardner said that he was in favor of following the order as laid down in the constitution.

Dr. McClure said that it should be designated on the program the days certain subjects were to be called up and then this order should be strictly adhered to. He was in favor of following the original plan as laid down.

Dr. Kennedy stated that he did not think there would be so much opposition to the resolution as there seemed to be, so with the consent of his second he would withdraw the same.

The assent of his second was given and the resolution was withdrawn.

A call was made for the committee on nominations. The following report was made:

President, A. W. McClure, Mt. Pleasant; First Vice-President, J. C. Hinsey, Ottumwa; Second Vice-President, D. S. Fairchild,

Ames ; Secretary, S. S. Lytle, Iowa City ; Assistant Secretary, John P. Savage, Sioux City ; Treasurer, G. R. Skinner, Cedar Rapids.

Place of meeting Sioux City.

COMMITTEES.

Arrangements, Geo. W. Begg, J. M. Knott, R. C. Rice, B. A. Guyton, Sioux City ; J. A. Sherman, Cherokee.

Publication, S. S. Lytle, Iowa City ; S. B. Chase, Osage ; J. Williamson, G. M. Staples, Dubuque ; C. M. Hobby, Iowa City ; G. R. Skinner, Cedar Rapids.

Ethics, D. W. Crouse, Waterloo ; D. Macrae, Council Bluffs ; H. Ristine, Cedar Rapids ; W. M. D. S. Nannelsor, Humboldt ; J. A. Scrogg, Keokuk.

Necrology, Geo. F. Jenkins, Keokuk ; Geo. O. Morgridge, Muscatine ; S. G. Wilson, Independence ; J. W. Smith, Charles City ; J. C. Shrader, Iowa City ; B. F. Hyatt, Ottumwa ; M. G. Sloan, Dexter ; W. H. Christie, Creston ; F. S. Thomas, Carson ; W. M. Green, Webster City ; A. L. Wright, Carroll.

On Revision, S. S. Robinson, West Union ; H. A. Gilman, Mt. Pleasant ; D. Scofield, Washington.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

1. D. B. Hillis, Keokuk ; L. A. Mehler, New London ; E. E. Kirkendall, West Burlington ; D. Scofield, Washington.

2. J. K. Melbourne, Mechanicsville ; J. P. Crawford, Davenport ; A. R. Leith, Wilton ; L. J. Adair, Anamosa.

3. S. N. Pierce, Cedar Falls ; M. I. Powers, Parkersburg ; C. S. Chase, Waterloo ; W. B. Sherman, Manchester.

4. J. S. Roome, Calmar ; I. K. Gardner, New Hampton ; D. S. Brainard, Staceyville ; S. B. Chase, Osage.

5. J. M. Kessler, Iowa City ; W. C. Schultze, Marengo ; John Ristine, Cedar Rapids ; C. C. Griffin, Vinton.

6. C. H. Philpot, Albia ; J. Williamson, Ottumwa ; D. A. Hurst, Oskaloosa ; R. C. Hoffman, Oskaloosa.

7. G. P. Hanawalt, Des Moines ; B. H. Criley, Dallas Center ; T. S. Parr, Indianola ; R. McNutt, Des Moines.

8. T. J. Reynolds, Creston; J. B. Wilson, Creston; J. Roberts, Osceola; D. N. Torrey, Creston.

9. A. L. Brooks, Audubon; I. M. Harsh, Cumberland; W. F. Graham, Atlantic; C. F. Donall, Walnut.

10. D. S. Fairchild, Ames; Peter Poor, Maxwell; E. D. Plumb, Ames; F. J. Will, Eagle Grove.

11. A. L. Wright, Carroll; G. C. Moorehead, Ida; O. N. Ainsworth, Sloan; Dr. — Johnson, Storm Lake.

Respectfully submitted, S. B. Chase, Chairman; J. F. Kennedy, Secretary.

On motion the secretary was instructed to cast the vote for president, as instructed by the society. Result, A. W. McClure, of Mt. Pleasant, was elected to that position. It was moved and seconded that the same action be taken in regard to the first and second vice-presidents. Carried. First vice-president, J. C. Hinsey, Ottumwa. Second vice-president, A. S. Fairchild, Ames, Iowa.

At this point Dr. Watson arose and said: I rise with some hesitancy, and still I feel that I am but voicing the sentiments of a great many of the old members of the society. I was not in the nominating committee but I heard some discussion on the subject.

I make no criticisms on the name presented for secretary of this society, I might have more hesitancy if our relations were different. Dr. Lytle is a personal friend of mine of 24 years standing. We commenced our march together. I know him well. There is another man, however, whose name I wish to present, not on account of a hesitancy to support Mr. Lytle—he is a man who does not think that the whole State of Iowa lives in Des Moines. I have reference to one member of the State Society from this city, the man who first induced the society to visit Des Moines, who for three years served efficiently as its secretary, until called up higher—that same member who has stood by the society at all times and served it with energy, ability and zeal. As a fitting testimonial of our appreciation of his work, I have the pleasure of presenting to you for the suffrage of this society the name of Dr. A. G. Field.

Dr. Hanawalt thought that while not detracting anything from the eulogy of Dr. Watson, he did not think that it was good policy to appoint a committee for a certain purpose and then after they

had gone to the trouble to make a report then come in and upset the whole thing.

It was therefore moved that Dr. S. S. Lytle be elected secretary of this society for the ensuing year. The motion was seconded.

Dr. North raised the query as to whether Dr. Lytle could become an officer, as he had not been in attendance during the session. He thought that there was something in the constitution to this effect.

It was answered, that it was thought there was somewhere such a resolution, but it was not known definitely. On motion, it was agreed to elect the secretary by ballot. Accordingly, ballots were prepared, circulated among the members, and then gathered in and counted by the secretary. Total votes cast, 64, Lytle 36, Field 27, scattering, 1. The secretary was requested to make the vote for the treasurer which resulted in the election of Dr. Skinner. The remainder of the report was elected as nominated.

The committee on publication would respectfully report :

REPORT OF COMMITTEE OF PUBLICATION.

Your committee on publication would respectfully report that Vol. VI, of our transactions, in accordance with a resolution of this society requiring the printing of the transactions, by the lowest responsible bidder, was put in the hands of Glass & Hoover, of Davenport Gazette. At the time of our meeting in Cedar Rapids, (1885), a limited number of the first 80 pages of the volume was put into the hands of the members, and the committee believing the interests of the society, by the prompt publication of the proceedings of that session would be best subserved asked that our contract might be modified so as to include the proceedings and paper of that meeting. The chairman of the committee of publication at once put the paper into the hands of the printer expecting that in 60 or 90 days at farthest the volume would be ready for delivery.

Dr. Middleton the member of the committee, residing at Davenport, wrote from time to time that he was hurrying them up and then again that he could make no predictions as to the time of delivery the books. It was expected that Dr. Middleton would be present, but in a letter says he cannot come, and in his absence the members of the committee present can not explain the delay. All matter for publication was always weeks in advance of the printers. Part of the volume, about 250 copies are bound and as far as called for have been distributed. Your committee sincerely regrets this delay, and would ask that when the entire edition, 600 copies has been delivered, according to the contract that the secretary be authorized to draw an order on the secretary for an amount sufficient to pay for their publication.

Respectfully submitted,

J. F. KENNEDY.
J. WILLIAMSON.
L. C. SWIFT.
G. K. SKINNER.

The time had now come for the president, Dr. Crouse, to step down and out and let his successor step into his shoes, hence he made a few remarks in substance as follows :

The first thing that strikes a president as he enters upon his duties will be the selection of persons who will consent to take part. He will select a number of persons whom he thinks will be apt to do something, so he writes to them. He waits one, two, and perhaps three or four weeks and then receive a brief reply that it will be impossible to act. Others will consent and perhaps just as you are about to get out the program you receive word from them that on account of a press of work they will be unable to comply with their former promise. He most heartily thanked the members for their indulgence, and said if there had been an appearance of a cutting short in some of the discussions it was on account of the good of the society. He hoped to always have their good will and sympathy, and he trusted that the future of the society would be very prosperous, as he was sure it would be under the guidance of the worthy president, A. W. McClure. As the last act of his official career he would appoint Drs. Cleaves and Nichols to conduct the president-elect to the chair. Dr. McClure was conducted to the chair by the aforesaid ladies, when Dr. Crouse said, " turning your incoming president over to your tender mercies, it is my pleasure, ladies and gentlemen, to introduce to you Dr. A. W. McClure—president elect of the Iowa State Medical Society. To which the doctor thanked him and said :

Ladies and Gentlemen, Members of the Association, I thank you most heartily for the honor conferred upon me in calling me to this place. I can only regret that it has not fallen to some one more worthy of succession, more capable of reflecting honor to this association. It is more than a quarter of a century since I met some of the members of this society, twenty-five summers have passed over us, twenty-five winters, with all their storms—twenty-five years of war and peace, since I first met a member of the members of this association. During these times many worthy members have fallen from our ranks, but every year we have received fresh additions, so that now our society is in a more flourishing condition than at any time in the past.

This honor you have conferred upon me, I fully appreciate, and at the outset I must bespeak for the members of the association a generous forbearance of my short-comings in this office. My utmost efforts shall be directed to securing for our next meeting as pleasant and successful a session as any in the past. Again I thank you for your kindness.

Dr. Hanawalt offered the following :

Resolved, that the thanks of this society are due the different railroad's leading to the city for many acts of kindness in affording reduced rates of transportation to members passing over their lines. Carried.

Dr. Knott desired to say that he knew it would be a great pleasure to the physicians of Sioux City and the northwest generally to know that Sioux City was the place chosen for the next meeting, so in behalf of the profession there he wanted to extend to this association his thanks for the selection. He said he felt warranted in saying that it would be the aim of the profession there to make their stay as pleasant and profitable as possibly. And he hoped to see a large attendance.

The treasurer's report was next called for and rendered. Referred to the committee on finance.

Dr. Kennedy stated at the last meeting a resolution was offered and adopted in regard to the measure for the erection of a monument at Washington to the memory of Dr. Rush. The doctor stated that only a dollar or two had been paid in, but if any wanted to contribute they might send in the contribution to him and he would see that it was forwarded to the proper place at once.

It was resolved that the thanks of this society be expressed to the press of the city for the full reports it gave of the convention. Carried.

On motion the society adjourned sine die.

CORRESPONDENCE.

A LETTER FROM PARIS.

PARIS, FRANCE, July 27, 1886.

EDITOR REPORTER—*Dear Doctor:* Thinking that your many readers would be pleased to have some recent definite information relating to M. Louis Pasteur's methods in attempting to neutralize the poison of rabies, I assume the task of reporting my visit to his laboratory and clinic which occurred on the 24th inst. Dr. J. M. Parker, of Davenport accompanying. Dr. Pasteur is a most thorough scholar, scientist and humanitarian, he received me pleasantly and with marked courtesy, so characteristic of his country and people, by introducing me to all the opportunities for seeing and studying his investigations and work. The doctor is about sixty years old, rather small stature, dark complexion, nervous temperament, weighs not far from 150 pounds and withal very agreeable to both patient and visitor. Recently, the French government supplied him with a new reception and clinic room. The old quarters continue to answer the purposes of the cultivating laboratory. Patients congregate in his rooms not only from France but from all of the many countries of the world to receive the benefit of his late discoveries in combating hydrophobia. The important question to be answered is, what is the treatment and how it is conducted? In theory and operation it is not unlike the principle underlying the action of the vaccine virus, altogether the alleged protective poison is generated and introduced into the system in a different and more difficult manner. The protection virus must be obtained from an animal having rabies or one which was mad with hydrophobia.

The hydrophobine, (my coinage) protection virus is cultivated in an animal, preferably a rabbit, because it is so easily managed. The spinal cord is that part of the body tissues in which it is found that the poison develops first. So the operator, who cultivates the

poison, selects an ordinary sized rabbit and places him with fastened sprawling legs flat upon a narrow table, when profound sleep is caused by the use of chloroform. Then the operation for reproducing and cultivating hydrophobia commences. An incision about three inches long is made longitudinally in the middle of the long axis of the skull down to the bone when the periosteum is separated for a sufficient distance—say about one inch, and then a small cylindrical trephine is used and a corresponding disc of bone is removed. The parts being cleaned with a two per cent solution phenique acid, a small hypodermic syringe with needle end curved to a right angle is loaded with the antidotal fluid and by the hand of the operator is pressed through the dura mater, then the piston is pressed forward and about ten drops of the fluid are forced between the membrane and the brain. The instrument is quickly withdrawn, parts cleansed and the opening surfaces of the insised wound brought together and maintained in position by organic stitches. The animal is hurried to a basket and soon recovers from the sleep and the shock of the operation. Nearly all of the rabbits thus operated upon develop symptoms which are diagnosed as hydrophobia. The principal evidences are increased temperature, paralysis, local or quite general, restlessness, exhaustion, and finally, in many cases, death. Of course in the human subject a well defined case of hydrophobia would furnish a greater array of symptoms—and Pasteur alleges that the cultivated fresh poison will produce in the human patient the complete symptoms. So far as I could learn the experiment has not been tried. After the virus has been injected into the rabbit it requires from six to ten or more days for the results of the action of the poison to be observable, so that the animals experimented upon may be taken to England, America, or other long distances before the hydrophobic symptoms exhibit much activity. The strength of the poisoned tissue which is saved and used depends entirely upon the duration of its existence in the animal from which it was taken. For example, after the rabies symptoms are fairly declared in the rabbit, the poison is strongest the first day, continues about the same for a day or two and then daily becomes weaker, so after ten days, even sooner, the spinal cord may be removed from a hydrophobic animal and used for cura-

tive or neutralizing purposes. If it should be used in six days or earlier upon the human subject there would be a dangerous tendency to the development of hydrophobia.

Thus it will be observed that the duration of the disease determines the potency of poison.

The special question of interest is, how is the cord and brain treated after removal from the animal? Pasteur uses a fresh cord or cords each day. His laboratory is full of hydrophobia rabbits so that he has constantly for use the hydrophobine poison of almost any age. But then, what is injected into the patient who becomes in a crazed condition of mind for relief? Bullion is this fluid, after having been heated up to near a boiling heat for about one-half hour, with which pieces of the cord is mixed or rather emulsified. The poison of rabies is in this pulpy or sufficiently soluble fluid of which a quantity of about ten drops is injected. If the removed hydrophobic cord is not to be used at once it is suspended in a quart bottle, in the bottom of which, there are two or three ounces of potash. The nerve tissue does not touch the salt which is used to absorb moisture and prevent the development of organisms. The tissue may be kept for some time, but since all that is claimed for the action of the poison is not granted, great care should be exercised in experimentation.

The clinic is very interesting. The patients are of all ages, both sexes and from many lands. Of course Paris and the near cities supply the greatest number. I remained through one clinic and saw more than 100 treated.

The doctor has from two to ten glasses, like small wine-glasses, each one about two-thirds full of the cord emulsion (bullion and nerve tissue) representing correspondingly from two to ten different strengths of the protection fluid. The patients come from a reception room in line with a ticket showing the history of the case. The right iliac region is exposed and according to history of case and indications, a given strength is taken by the syringe and about ten drops are thrown well under the skin, when the patient loses no time in vacating the room. Some patients are treated as described twice a day. Some, once a day, and, usually, the treatment is continued from ten days, to three weeks, according to indica-

tions. Most of the patients have wounds some of which are trivial, and others of considerable size, depending of course upon the extent of the bite, scratch or abrasion. The patients with solutions of continuity of tissue file into a special room, where the local treatment consists in cleaning the suppurating surfaces with a two per cent solution of carbolic acid, then, if the granulations are exuberant, caustic (silver) is used to suppress them after which coffeeized iodoform is sprinkled, or blown upon the surface. A piece of absorbent cotton, moderately moistened, with the carbolic solution, covers the wound and is kept moist by oiled silk which is the last part of the dressing. The patient goes to return at 11 o'clock the succeeding day. Other animals than dogs furnish cause for anxiety. A few weeks ago I was visiting some of the profession in Moscow, when I was told that twenty Russians had been bitten by a wolf. All were sent by the Russian government to Pasteur for treatment. Three of the patients died, the remainder returning with no nervous symptoms. The interesting question is were they cured or was the poison neutralized or did they not receive it from the maddened (?) wolf? Pasteur is, I believe, thoroughly honest and sincere in his experimental work and receives any criticism of his ideas and practice with great consideration that years must elapse before the benefits of his labor can be fully determined. He does not hesitate to admit that he is not positive that his believed discovery will ultimately stand the test of experience, but he thinks it will. I have been very much interested, but before considering that the neutralizing remedy to the poison of rabies has been found, I must be satisfied with suitable answers to the following questions:

1st. Can the bite from any animal whether hydrophobic or not produce rabies?

2d. What evidence can be produced to show that the cultivated poison really neutralizes the hydrophobia?

3d. Must it be admitted that all persons who have been bitten by a rabid animal and who receive treatment have been cured of a hydrophobia whether any symptoms of the disease have been developed or not?

4th. If the principle on which the remedy acts is correct, why should there not be the same protective exemption as vaccine pro-

duces against small pox?

5th. No human subject without the disease has had the very early strong poison injected into his system.

6th. If hydrophobia is a blood poison, why is it requisite for nerve tissue (cord) for injection or protective purposes?

7th. In cultivating the posion on rabbits, is not the severity of the operation together with the pathological consequences in intracranial tissues sufficient to account for the local or general paralysis and exhaustion which ends in death?

There are many other questions which could be proposed in connection with interesting subject but for the present my wish is only to place the immediate history before the profession in Iowa and with a few questions invite reflection upon what is being done by Pasteur.

W. F. PECK.

EDITORIAL.

THE DEBT WE OWE.

The friends of the Medical Law are indebted for many favors granted them last winter. No one out side of the Medical fraternity took more interest, or did more gratuitous work than Hon. J. A. Lyon. It will be remembered that he introduced and fathered the bill that is now a law, which the State Board of Examiners are so faithfully and earnestly carrying out. The REPORTER is in no sense a political organ. It strives to have but one allegiance, to justice and to its friends. It is not because Hon. J. A. Lyon is a Republican, nor would it make any difference if he were a Democrat, or if he belonged to any other party, our position would be the same.

Mr. Lyon has recently been made Republican Nominee for Auditor of State. From the fact that he rendered this assistance, and was the champion of our measure last winter, he has antagonized an element that has been, and is now, antagonistic to the law, an element from which the Medical Law will receive all of its resist-

ance. The REPORTER is *positive* that this same element is fighting, and will fight Mr. Lyon, for this reason. Were they not fighting him for this reason, the REPORTER would have nothing to say. But, as he will be made to suffer because he has been our friend without reward, as he is not expecting or soliciting it, the medical profession of this State, who are friends of the Medical Law, should unite without regard to party and support Hon. J. A. Lyon in his candidacy, and, for these reasons only, without any regard to any political affiliation: *First*, it is a debt of honor that we owe him, because he is being made to suffer because he rendered us a favor. *Second*, in order to obtain friends in the future, if needed, we must show our appreciation of friends in the past.

* * *

An organized opposition has been made to resist the State Law. It is advertised that the President of this organized body, is Dr. Perry Engle, of Newton, Iowa. Dr. Engle is a member of the State Medical Society, and a member of the American Medical Association. As a member of the American Medical Association, does he appreciate the fact, that in opposing the Medical Law, that he is opposing the resolutions of the American Medical Association, that have been absorbed and become a part of the State Law, and does he know the class of men of whose cause he is the champion? For the doctor's benefit, and for those who entertain like views, we quote the following extracts, taken from the Cedar Rapids *Republican*. They have been examined by members of the State Board of Examiners, and are said to be substantially correct:

* * * He was not a graduate, but possessed abundant confidence in his own ability as a physician. He was the typical quack, shrewd in his way, oleaginous loquacious, humorous in his very ignorance. He had made his way in the world by dint of pure self assurance coupled with assumed modesty. He was deferential yet firm, calm yet nervous, confident and hopeful. Yet his examination showed that he was the veriest fraud. He professed to know all about medicine, to have studied anatomy, materia medica, therapeutics, physiology, pathology and all the rest, yet could not name a single muscle in the human body nor could he tell the effect of any single drug upon the human system. As a sample the *Republican* man made running notes of his answers.

He began his examination by saying he had been in practice in Iowa for fifteen years, having begun practice many years ago in New York. He said his remedies were drawn from the vegetable kingdom and that he studied for four years with an

educated physician, and that that study was constant. That his study was from books and practice. His practice extended to all branches of medicine, and the effect of his medicine was plain in all cases. He had studied Gun on anatomy, a work of seventeen hundred pages, Chase on physiology, and Buchanan on Practice of Medicine.

"What is physiology," was asked him.

"It is the physical system."

"What is the difference between physiology and pathology?"

"Pathology is to locate the disease and physiology is the system. Pathology is the cause of the case."

When asked what dropsy was, he said it was a disease which effected the blood, the heart, the liver, lungs, kidneys, urinary organs and bowels. That the heart was affected by the weakness of the blood, which turned to water. The water cells close up and the serum separates from the clots. The clot is the plative matter of the blood.

He said he treated rheumatism. That in rheumatism there was contraction of muscles. Lumbago works in the flesh. That it is in the muscles and may affect any portion of the flesh of the body. That the complications which sometimes resulted were to keep the pores open so as to prevent it from going to the heart. That if it went to the heart it produced severe pains, and that the heart can't act and inflames. When asked how many cavities there were in the heart he replied that he thought there were almost five. Didn't know how many valves there were. He defined the diaphragm as the lining over the lungs and heart. That people died because the blood couldn't circulate. The valves of the heart were affected by the impurities of the blood. That if the blood was right a man was right all over. He said rheumatism caused diseases of the heart because the blood was impure and the valves stop. He had never had a case of lumbago of the heart.

He believed dropsy was a disease of the whole system. That it was caused by the heart. Said that organic diseases of the heart was when it was hard to remove. He said functional disturbance was when it was located and could not be removed when it was a chronic organic disease.

He was asked if he had ever attended any case of labor, he replied that he never did a day's work. His wife said that he always had been lazy, but that during the summer he had pitched three loads of hay. He was then asked if he had had any cases of obstetrics in the past year, and replied that he had not. He was asked if he knew of any case of obstetrics occurring in his neighborhood during the past fifteen years, and replied after deep thought, that he had not.

He said he was a root and herb doctor and that he used "yarbs" altogether. That blood root was not one of his remedies. That he had been offered \$7,000 for his dropsy cure but that he would not take it. He said that blood root was black and bitter and that he used it for the bladder. He used sassafras, dandelion, saffron, peppermint and belladonna. Aconite was the only poison he used in his practice.

He was asked if belladonna was a poison and said yes. He further said that belladonna was an extract of strychnine. The dose of solid extract of belladonna was from 1 to 2 drops. That in administering fluid extract of aconite he put 20 drops in two-thirds of a tumbler full of water, and gave a teaspoonful three or four times daily.

In closing, the examination drifted back to obstetrics and the applicant came up smiling and confessed that he did not understand the meaning of the term obstetrics.

* * *

The card of the Kentucky School of Medicine appears in this issue. We cheerfully call our readers attention to it. The school has a good standing. Parties interested in the study of medicine will not find it amiss to correspond with them,

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. III.

DES MOINES, IOWA, AUGUST, 1886.

No. 12.

ORIGINAL ARTICLES.

INVESTIGATIONS IN RELATION TO THE CAUSE AND SPREAD OF TYPHOID FEVER.

BY J. T. EVERETT, A. M., M. D., GRINNELL, IOWA.

Almost from the dawn of history, the opinion has prevailed among medical men, that disease was the result of animalcular encroachments.

De re Rustica, Varro and Columella, believed and taught the theory of "*Contagium vivum sen Animatum*," in their day. Leuwenhock, promulgated the discovery of infusoria and spermatozoa, and thereupon erected the theory that low organisms were the cause of all diseases of an infective and a contagious nature.

This theory was extensively received by medical men as early as 1677. His views were also corroborated by Sinne, Reaumur, Lucisi and Althanasius, Kircher and others. Vullisneri first denied and then acknowledged the probable truth of the theory.

During this period, the most Apocryphal stories were promulgated regarding the habits and appearances of these mysterious entities. They were verbosely described, and even drawings representing their supposed appearance, were extant. They were pictured as swarming in the air, and like the clouds of Locusts descending upon the devoted hamlets in destructive legions; and the people were advised to frighten them away by creating an immense din with drums, cymbals and horns, and by the discharge of artillery, and with unpleasant odors and fumigations. To such heights and depths of folly did these ideas run that thinking men became

so disgusted, that many discarded the whole theory; the true with the false. Thus the visionary enthusiasts retarded the cause of knowledge, which they championed.

Among the first truly reliable and careful investigators to whose writings we have access, was Henle, who, about 1853, fully demonstrated the fact of the existence of these low types of life, and studied their habits of reproduction and existence, and described their personal appearance. His observations and conclusions were endorsed and enlarged upon by Liebermeister in 1865, who then prophesied that the germs of all classes of disease would in time be traced to this origin. About the same time or a little later, Saulsbury was conducting a series of microscopical investigations, which resulted, as he claimed and has since demonstrated in the isolation of the bacillus malaria, but unfortunately for him and his theory, he was an American and but little attention was given to the subject by the profession. In view therefore of the fact that there have been so many visionary and erroneous theories promulgated, upon the subject of Bacteriology, it behooves us to approach this theme with extreme care and circumspection. That there exists a specific, Typhoid Fever germ or poisonous entity, there remains but little doubt among the better class of thinkers. Just what that germ is, and what are its habits of life, how propagated and how transmitted, it shall be our province to enquire. It has been the history of the world, that from the most minute organism or protoplasmic germ cell, up to the highest types of life, to the culmination of Divine energy, the rule prevades, that all organic life has its Embryonic its Maturo, and its Retrogressive or stage of death.

In all stages of life therefore, there follows, the germinial, the mature and the retrogressive, metamorphosis. Kingdoms and nations arise, mature, outlive their usefulness and sink into decay: Religions, dogmas and creeds, and problems of public polity, arise, are accepted, are overthrown and are forgotten.

Recognizing the truth of this proposition, more than a decade and a half ago a series of investigations was at that time instituted for the purpose of ascertaining the specific cause of Typhoid Fever.

During the year of 1868-9-and 70, from daily clinical observations in numerous cases of typhoid in the wards of Mercy Hospital,

Chicago, the writer became fully satisfied that the same law prevailed pathological as well as physiological conditions.

With this idea prominently in view and with the expectation, that by tracing the "materius morbi" back to its germinal stage; the true cause of this malady might be discovered and the specific germ eliminated and studied. Pursuing these researches, month after month and year after year, the following conclusions were arrived at :

1st. That there was a specific germ or bacillus which would invariably produce *typhoid fever* and would never produce any other disease.

2d. That this germ possessed the faculty of reproducing itself in kind indefinitely ; thus, clearly showing that it belonged to the low types of organic life.

3rd. That this germ possessed two distinct stages of existence, an active or virulent stage and a torpid or reproductive condition.

4th. That in the latter condition they are harmless to the organism in which they may find lodgement, until they reproduce the active bacilli, when they become rapidly infecting.

5th. That these germs require for their rapid reproduction an excess of decomposing organic matter, excluded from light and air, and with a temperature ranging from 60° to 100° F. where aqueous vapours abound and where there is an excess of carbonic acid and the minimum of oxygen.

6th. The conclusion is unavoidable that these germs are never produced spontaneously : That, although, there often occurred sporadic cases of true typhoid fever, there was most assuredly no evidence that infection did not take place in some obscure manner.

Admitting the probable truth of these propositions, does not invalidate or conflict with the generally accepted theory that all cases of typhoid arise from infecting germs, introduced into the system from without; and, that the great majority, in fact nearly every case is susceptible of proof of having been infected through the agency of soil contaminations, accompanied in most instances by improper hygienic surroundings.

While it is possible, nay, probable, that in a few instances of isolated cases, where the environments concentrated the bad influ-

ences and where the system is exceedingly susceptible to disease, contamination, may take place through the air.

At Sterling, Illinois, the cemetery is situated on the highest point of land in the vicinity, east of the city, and the trend of the underlying rock is westward ; thus, throwing all the washings from this locality into the subteranean streams supplying the wells of the city. When the cemetery was established by the first white settlers, it was noticed, that this place had been already used as a depository of the dead by the Indians, and further investigations later on by the scientists, revealed the further fact that these Indians had been preceeded in their choice of a place of burial by the Mound Builders. Thus, for 20 or 30 centuries their had been a varying accumulation of organic remains in this locality to contaminate the soil.

Before these facts were properly weighed and their teachings acted upon, it was noticed that within a radius of half a mile of the cemetery, to the west and northwest, a large number of cases of typhoid fever, almost annually occured, with no well authenticated history of contagion.

These facts set several of the prominent physicians to studying the cause of these mysterious recurrences.

The geological formation of the locality is Galera limestone 20 to 40 feet below the surface, this is overlaid by the different strata of shales and clays for from 8 to 15 feet, this, in turn covered by Glacial deposits and river gravel, sand and the usual sedimentary or lacustian deposits. The subteranean currents in conformation with the trend of the rock and impervious clays, carried the washings of the decomposing organic matter and adipocere, from this faci, to the wells supplying the city.

An examination of the water in many of these wells showed an excess of salines, dissolved organic matter, and in a few instances, rod like bacteria, while micrococci, lineola and numerous other germs were of frequent occurence. These when introduced into the circulation of healthy rabbits proved quite virulent, the lineola or rod like bacteria, equalling in the intensity of their action the specific germs from true typhoid fever contaminations.

Griesinger observed in Zurich, that patients far removed from the fever wards, contracted the disease through ground contamin-

ations, and that the intensity of the disease depended largely upon the good or bad hygienic surroundings.

Liebermeister cites numerous cases where the disease had been unmistakably transmitted through means of subterranean water currents.

Observations made by the writer in the Chicago Hospitals during his early years of practice, resulted in the following: Under the microscope, sordes from the teeth and mouth of typhoid fever patients presented epithelial scales, dried and shrunken mucous corpuscles, withered and corrugated red blood globules, particles of food, medicine, calcareous salts from the teeth, white blood discs, shrunken, and in most cases, disintegrated and broken down, while some of these, which were not fully destroyed or crumbled into a fine granular mass, were so much softened and pressed out of shape as to resemble more closely a gelatinoid mass, than a distinct corpuscular formation; while still others of those which still maintained their integrity, presented a distinct nucleous, surrounded by a mass of fine granular, apparently structurless bodies. The examination of the feces, revealed portions of undigested food, mucous and epithelial patches, the exfoliated mucous of the enteric track, changed blood discs, medicine, bile, fat cells, and a variety of almost indistinguishable granular detritus, and in two cases examined, there appeared leucocytes in the same condition as those noticed in the sordes. In the blood from passive hemorrhages, there appeared a decreased number of red globules, relatively speaking, while the leucocytes were actually four or five times as numerous as natural, very many of them presenting a changed, shrunken, nucleated aspect, as above described.

A microscopical examination of the urine, showed an increased quantity of lithates and phosphates and other earthy salts with coloring matter, epithelial cells and casts, accompanied by broken down blood corpuscles, both red and white, and the omnipresent, granular bodies. The urine was usually strongly acid, and frequently contained albumen and paralbumen, and sometimes a few fat cells appeared, while disintegrated organic matter was occasionally present.

The perspiration gave strong acid reaction to test papers and pre-

sented much animal matter in a fine granular form with an excess of salines and earthly salts.

Glass slides coated with an alcoholic solution of Venice turpentine, held over the respiratory orifices for a time entangled and retained a multitude of sporules and many of the identical small granular bodies noticed in the other excreta examined.

These investigations, as before remarked were made a decade and a half ago, and with a microscope of a comparatively moderate power. They showed conclusively that some one or more of the then constantly present bodies, must be the guilty party or at least its constant attendant, or perhaps its carrier, yet from the power of our objective, we were unable to isolate and thoroughly examine them in a satisfactory and conclusive manner.

After having become fully satisfied of the constant presence of these fine granular germs in the excreta of typhoid sufferers, from careful clinical observations extending over a series of annual epidemics, the attempt was made to ascertain if they could be produced autochthonously in the animal economy.

For this purpose four rabbits were confined in a close circumscribed area, well warmed, but poorly supplied with light and air. The environments were such that they were compelled to constantly inhale and respire the foul emanations from their own bodies.

Pure water and food was supplied without stint. During the first three days, no marked symptoms of malaise were noticeable, on the fourth, and more markedly on the fifth, they appeared to droop and refused their food, while increased fever and thirst were manifested, the circulation was correspondingly increased and the tongue became furred. On the eighth day number one was killed, and upon post mortem examination the spleen, liver, lungs and kidneys were found engorged and filled with a dark venous colored blood. The brain was pale and yellow, with ecchymosed spots scattered through its substance. Peyer's patches as also the enteric canal appeared healthy, but filled with a mass of granular detritus, which at first appearance closely resembled that found in true typhoid, but to be entirely devoid of the specific typhoid fever granular bodies. On the morning of the tenth day after their incarceration number two was found dead in the cage and was ex-

amined with the result of finding all of the pathological conditions previously described, much exaggerated. Number three was killed upon the twelfth day and number four died the night following.

In all these cases the same general lesions prevailed, but the most careful research with a full power and very fine microscope, utterly failed to isolate, or to show the faintest trace of the specific granular bodies which were found to be a constant attendant upon specific typhoid fever.

At the time of these experiments upon the four rabbits, above mentioned, several cases of typhoid were being watched and the various excreta examined with the same objective. In these cases a vast amount of the pathognomonic granular matter was the constant attendant and were composed each of a closely coiled filliculentous germ, in the form of a round or ovated cell, varying from 0.006 to 0.012 M. M. in diameter, much resembling the red blood corpuscle, after having treated with acetic acid, but relatively much smaller.

A portion of these bodies were carefully isolated and exposed freely to the light and air for two days in a warm dry place, when they shrank up and became not only inert but innocuous.

A colony of these germs having been treated with decomposing organic matter under the most favorable conditions and fed to healthy rabbits, with absolutely no effect whatever, showing that the sunlight and air had destroyed their infecting qualities.

A second colony of the fresh germs as they escaped from the patient, was also fed to two rabbits in good health, and with good environments, with no appreciable effect, two weeks later a portion of the same germs which had been kept in a mass of albumen, supposedly sealed up air tight, but which had in fact free access to moist air, was examined and a great number of unroled bacilli were found intensely active. These germs resembled closely the micrococci lineola, or the rod like bacteria described by micopathologists. A portion of these active germs were fed to a pair of healthy rabbits who were confined in a healthy location, with the best of hygienic environment and pure water food.

On the seventh day lassitude, anorexia and diarrhea appeared and progressed to a fatal issue upon the twelfth and thirteenth days

respectfully. These symptoms were accompanied by all of the concomitants and of the pathological lesions found in true typhoid cases.

At the same time two healthy rabbits were confined in the same cage, separated from the last two only by a wire screen. These were fed with similar healthy food, minus the infecting germs. These two pairs were kept in close contact until the completion of the experiments and presented no symptoms of infection in the latter case. A large number of cases of diarrhœa, cholérine, enteritis, cholera morbus and intermittent fever were treated synchronously with these investigations, and their various excreta examined with the result of finding, as might have been expected, various bacteria, micrococci, etc.; yet, in each and every case, the specific granular matter, which, under the lens of high power should have resolved themselves into the closely coiled, rod like bacteria, or the B. Lineola was conspicuous for its absence, though sought for repeatedly by several expert microscopists, who believed that they could be found in all pathological excreta. The conclusions therefore arrived at thus far in the investigations are :

1st. That these germs bear a striking resemblance to the "Micrococci Linela" of Liebermeister, or the "Rod Like Bacteria" of Koch. Consisting as they do of a cell wall, with pellucid contents, which take their nutrition by endosmosis and excrete effete matter by exosmosis. Never agglutinate or form viscid compounds, but remain in their unaltered condition indefinitely.

2nd. That these germs varying from 0.012 mm. to 0.006 mm. in diameter when coiled, but were when unrolled and elongated in their active stage, from 0.012 to 0.018 mm. in length, and correspondingly attenuated in their transverse diameter, were a constant attendant upon every case of well developed typhoid fever.

3rd. That these specific germs could be found in no other excrementitious emanation, from whatever diseased condition taken.

4th. That these germs were in every case capable of producing specific typhoid infection.

5th. That no other germs or bacteria were capable of producing these lesions.

Ergo, these rod like bacteria lineola were, *per se*, the specific

cause and morphological germs of this very prevalent and wide spread disease.

This fact (?) having been now conclusively proven by numerous tests and experiments, the next step in the chain of investigations was to note the exit of the germs from the system and trace their migrations through their stages of dormancy, reproduction, and until they again presented themselves as a source of infection.

As has been conclusively shown and very generally conceded by writers, these germs, found in large numbers in the dejecta of typhoid patients, thence finding their way into the privy vaults, sewers, water closets, water courses, etc., are transmitted to some fruitful nidus where the necessary environments for their farther propagation are found. Here excluded from light, with an abundance of decomposing organic matter, with warmth and moisture, the reproductive process goes on *ad infinitum*. They unroll, segregate, expand and elongate, multiply indefinitely and become vigorous and active, and start out on their mission of destruction. Having carried our investigations thus far, partly by the observance of actual facts and partly by theoretical deductions drawn from the tabulated results of the studies of other investigations, the following series of experiments were instituted in order to determine conclusively the truth or falsity of these inductions.

A considerable mass of known septic excreta, which was determined by actual examination to be swarming with infecting germs, was placed in a receptacle, containing fresh loam intimately mingled with barn-yard refuse and night soil. This mass (having been kept for a long time previous to the addition of the bacteria, and frequently examined for them without result) was kept in a warm place, where warmth and moisture, but no sunlight or free oxygen had access. After a couple of weeks a specimen was examined and found to be teeming with the rod like bacteria, in an active condition. Some of these germs were kept for three months, under the same conditions, and were found to be still active and vigorous, although there was now a large amount of them in the coiled or quiescent condition.

A portion of the active germs were carefully separated from their

environments of filth, and fed to a series of rabbits with universally fatal effects and specific lesions and results.

These experiments were made at various times and under varying circumstances. In the mean time similar studies were made with germs taken from cases of true typhoid fever, and their results compared and verified, both by ourselves and others.

The next step in the chain of investigations, was to so alter the environments as to exclude all extraneous causes or possibility of infection, and to conclusively determine beyond the shadow of a doubt, whether a spontaneous generation of the specific germs were possible, under the most favorable environments of filth, putrefactive change, decomposing animal or vegetable matter either alone or in intimate connection with specific germs, vibrios, monads, sporules, etc., etc., other than the specific germs of typhoid.

In this instance the germinal matrix was formed of a mass of finely chopped meat and grass, both of which had been freshly boiled, in order to exclude all possibility of infection.

This mass was intimately mixed with a portion of kilndried earth.

A tube was filled with this mixture and hermetically sealed. After having been kept in a favorable condition for a long time the result was *nihil*.

The same course was repeated, except that in this case the tube was not sealed, but air was allowed free access to the contents of the tube, after having been passed through disinfecting chambers. Under the same environments of heat and moisture, free carbonic acid and absence of light, the germs proliferated slowly and not as plentifully, nor were they as vigorous as when bred in the open air. Another portion of the neutral matrix was enclosed and surrounded by the proper conditions for the generation of the germs and supplied with air which had been passed slowly over an infected nidus. At the end of the first week, this also was swarming with the unrolled germs in an active and virulent form, showing that the germs in this instance had been transported by the currents of air and had found lodgement in this new and aseptic nidus, different portions of the before mentioned aseptic matrix were next suspended in various privy vaults, sewers, etc., and after having been thus exposed for varying lengths of time, many of them

becoming putrid and foul from the bad atmospheric conditions and while very many of them abounded septic germs of various kinds, none of them were or could be mistaken for the rod like bacteria.

Determining these facts, and carefully altering several of the concomitant circumstances, the next step was to follow the course of their migrations through a theoretical course as nearly like that of nature as possible, and then to verify the artificial method by a careful examination and comparison with nature's methods. Establishing the theoretical course of investigation from the generally received theory of soil contaminations, a similar course of experimental investigations was pursued, and then in so far as practicable, these results were verified by tracing known specific contaminations through the soil, and proving the actual presence of these germs at different stages of the proceedings and by actual infection, determining their vitality and infecting ability.

The geognostic conditions which favor the propagation of typhoid fever germs, as carried on by the grand mutations of nature's laws, is the point in the discussion of the present subject where authorities most widely differ. Budd, Griesinger, L. Buhl, Trousseau, Murchison, Gietl, Liebermeister, Pettenkofer, Biermer, Lindwurm, Davis and others, have been consulted in the preparation of this article, and their reports utilized in arranging the varied experiments, and their conclusions confirmed or questioned as the results might determine. The final conclusion there arrived at, are about as follows: The dejecta of infected persons, are thrown out upon the surface of the earth or pass into it through means of privy vaults, sewers, drains, etc., in the dormant condition, while coiled up and comparatively harmless. These are then transmitted to the low laying basins where the necessary environments, such as decaying organic matter, warmth and moisture, an excess of carbonic acid and a minimum of oxygen and light prevails, and here the retrogressive metamorphosis goes on, and the germs are abundantly proliferated.

During the stage of low water, these processes go on the more rapidly, because when water is at a low ebb, it is more heavily loaded with sedimentary deposits, decomposing organic matter, etc., and becomes a more fruitful nidus for the farther and more rapid

reproduction and proliferation of these germs. Conversely, when the water is high, it is less densely saturated with excreta, etc., and as the germs and various organic debris sink and are not accessible to the necessary and varied concomitants which favor reproduction. Moreover, when the water is low, if typhoid germs exist in it, they are relatively more numerous than during high water, and are therefore more virulent to those using the water.

Furthermore, during low water, many germs may be stranded in some impervious basin, the water evaporated away, leaving them exposed to the air, whence they may be carried in various ways and directions by the ærial ground currents.

This may account for the few isolated cases where contamination appeared to take place through the air. But notwithstanding all this, the most frequent "*via transit*," is by means of the subterranean streams of water, which having taken up the germs wherever found, and adding their quota of sedimentary deposits and organic accretions, the mass of debris is carried to some low laying clay basin where the work of reproduction is carried on *pari pasu*. Here, after the dormant or ribbon rolled germs have been transformed into the straight, active, or infecting "lineola," and have permeated and colonized the entire mass of infecting nidus; they are taken up by the next raise of water and distributed to various localities, wherever the stream flows more slowly, a colony is deposited. Local influences, such as relative heat, moisture, the minerals contained in the soils, impervious strata of clay or rock, propinquity of human habitations, or the varied accumulations of decomposing or decomposable organic remains, terrestrial electricity or magnetic currents, salines, aerial and aqueous currents, etc., of course, vary the reproductive energy and the migratory transmissibility of these germs. But still under the most unfavorable conditions they appear to thrive, and await the proper opportunity to become revived and active, after laying months, and from some of our authorities, even years, the coiled germs are susceptible of reproductive energy. Whether they can be indefinitely reproduced without human transmission, has been questioned; but the results of later observations seems to decide this question affirmatively. While the aggregate mass of these germs, their viability or their

infecting power does not appear to vary or decrease with the lapse of time, their transmissibility depends largely upon the raise and fall of soil water and upon their propinquity to the streams which supply the adjacent wells and springs. In some localities there is complete immunity from the effects of these germs. The explanation of these apparent anomalies is dependent upon the fact that the clay basin containing the infecting nidus is separated from the streams supplying their wells by an impervious strata; or where the basin is so much lower than the source of these streams, that no raise is sufficient to mingle the infected water with the stream supplying those wells or springs.

In other localities where the poison is very virulent, these nidal basins lie very near the surface or in close contiguity to the feeding streams, and a large mass of the active bacteria are disseminated in the surface water. This assumption must be not only true, but also the air may be, and doubtless frequently is contaminated with floating specific germs which are taken into the lungs.

In this manner, not only the inspirable air may be contaminated, but the potable waters are more frequently contaminated, and also new foci of infection are formed by reason of these migratory germs finding lodgment wherever a reproductive nidus is to be found.

Sewer pipes, drains, etc., are the fertile highways by which these germs migrate, on account of the constant draughts and currents through them. This fact prevails, notwithstanding the most perfectly constructed traps that can be constructed are used; for the germs occupying the lower strata of water, soon pervade the entire mass, and infecting colonies are deposited upon the sides, and soon ascend from point to point until they are transmitted to all parts of the habitation. There have prevailed many theories regarding the mode of ingress of these germs into the system. Liebermeister records 1,900 cases of infection which occurred under his charge at Basle during the years of 1865 to 1871. In these cases, 45 at first glance appeared to present evidence of direct contagion; but a more close and careful investigation developed the fact that they were the result of defective hygienic regulations, there being a large wooden ventilating shaft reaching from sewer to roof and connecting with the different wards and offices of the hospital. This was

found to be in such a decayed condition that the foul gases and emanations, were dispersed and diffused through the entire building. Showing very conclusively that the first supposition was faulty, and that the dejecta from those in the fever wards passed into the general sewer, where reproduction took place and the new or more virulent germs prevaded the building with the above result. In Tribingen in 1873 a number of cases also occurred, where there was no recognisable stating or infecting point other than direct infection from cases in the wards. In this instance also, a further investigation, resulted in disclosing the fact that the emanations from the water closets, privies and sewers permeated the entire building. And while there was no record of previous cases, having occurred in the wards of the hospital, within recent time, whereby the sewer could have been infected, yet, the weakened and debilitated patients, breathing and reabsorbing those noxious sewer gases, and poisonous emanations in connection with the foul and unhealthy surroundings, and probably, prevading all was access through ground currents with some infected district.

Griesinger observed in Zurich that patients far removed from the fever wards, contracted the disease through ground currents, and the intensity of their disease depended upon the good or bad hygienic surroundings. Numerous instances are on record where a person suffering from typhoid fever is brought into a neighborhood, and, from the carelessness with which the dejecta are disposed of, the poison enters the soil and impregnates the wells in the neighborhood.

Often those in close attendance upon the patient escape with impunity while some other person who has not been near the sufferer, will be taken down with a violent attack. In fact, so many instances are tabulated bearing upon this point, that the general opinion has gone forth and gained ground in recent years, even among the laity, that the infection depends upon sewer contaminations, that it is useless to enumerate the authorities or to further discuss the subject.

In conclusion then, while there were of course many failures in the experiments performed, a failure to universally attain the same result, but while the exact end expected was not always attained and while many mistakes were made in the grouping of the enviro-

onments, yet most of the failures could be traced to faulty arrangements of concomitants. Wherever all details and minutes were carefully attended to, the results were very conclusive and serve to make the following list of conclusions reasonably certain.

RECAPITULATION.

- 1st. There is a specific typhoid fever bacillus.
- 2nd. This germ can reproduce itself indefinitely.
- 3rd. The germ has an active and a dormant stage.
- 4th. In the dormant stage they are harmless.
- 5th. In the active stage they are virulent.
- 6th. They require a reproductive nidus.
- 7th. They are never never produced autochthonously.
- 8th. They are always received from without the system.
- 9th. They are rod like when active, celulate when dormant.
- 10th. They are from 0.006 to 0.012 in diameter and 0.012 to 0.018 mm. in length.
- 11th. They are always found in typhoid and nowhere else.
- 12th. No other germ can produce typhoid.

ERGO.

- 13th. These rod like bacteria are *per se* the typhoid germ.
- 14th. These germs pass and are extruded in the dejecta.
- 15th. These germs are conveyed by privy vaults, sewers and wells.
- 16th. They multiply in these localities and change type.
- 17th. They migrate by means of rise and fall of water levels.
- 18th. They enter the economy through the stomach and lungs.
- 19th. Typhoid is never transmitted from person to person.
- 20th. Hygienic regulation and careful disposition of the typhoid excreta is the true prophylaxis.

Respectfully submitted to the criticisms of the intelligent profession.

STRICTURE OF THE RECTUM.

BY J. C. HINSEY, M. D. OTTUMWA, IOWA.

The reason for attempting to call your attention to the above subject in this brief paper, is because of its rare occurrence in our vicinity. Consequently its prominent or pathonomonic symptoms might not be as readily recognized as are those of the more common diseases, should such a case present itself to us for diagnosis and treatment.

I believe, as a rule, stricture of the rectum, with or without ulceration, is not brought to the attention of the practitioner until some time has elapsed from its inception. The patients are very apt to think they are troubled with piles, and, in the case of females especially, they let a false modesty prevent them from seeking advice and relief, until their condition becomes almost intolerable, and the most favorable time for surgical aid has passed, perhaps never to return.

There are, perhaps, few parts or organs of the body, where a diseased condition so limited, produces more suffering, mental and and physical, than that of the rectum. The part is well supplied with sensitive nerves, and is always in a condition of more or less hyperemia or congestion.

Perhaps next to the urethra in the male, is the rectum liable to a contraction of its cavity. The disease is sometimes to be congenital, but this proposition hardly seems tenable. I cannot conceive of a cause existing in utero, except mal-formation or want of development, that would produce this condition. They may exist as a result of traumatism or ulceration, dysentery and inflammation generally ; and some authors claim that syphilis produces such a change in the different coats of the canal as to produce stricture. All the malignant diseases of the pelvic region will of course produce closure or stricture of the rectum.

Henry Smith, Esq., in Holmes Surgery, by Packard, gives

the best description of the disease that I have ever seen. He says: "The disease consists essentially, in most cases, of an adventitious deposit thrown out upon and around the coats of the intestine. In the most simple form of stricture there is a more prominent ring of apparently hypertrophied mucous membrane, either entirely or only partially surrounding the cavity of the gut. A careful examination on the living body with the finger, and an investigation of the diseased part after death, shows that the thickening is produced in the areolar tissue underneath the mucous membrane, although there are preparations to be met with which lead to the belief that the encroachment upon the cavity of the gut is caused merely by a prominent fold or ring of the mucous membrane itself. In the more marked cases of the disease, not only is the deposit found in the sub-mucous cellular tissue, but there is a thickening of the muscular coat as well, produced, not by hypertrophy of this investment, but by an infiltration of the fibrous exudation through the meshes of the muscular texture.

In the more severe cases, where the disease has lasted for a long period, this fibrous deposit becomes more extensive and dense. In most cases there is together with a very narrow contraction, a large amount of thickening of the coats of the bowel; but every now and then a considerable amount of contraction is found, without any, or with scarcely any, consolidation of the surrounding tissues."

Sometimes the fibrous deposit which produces the thickening—which is the essential feature of the disease—involves only a portion of the circumference of the bowel; but generally the whole circumference of the gut is implicated.

As further descriptive of the disease I quote the following from Allingham on diseases of the rectum. After mentioning a variable period of alternating diarrhoea and constipation, with more or less pain in the lower bowels, he says:

"After this condition has lasted for some months, the length of this period of comparative quiescence being influenced by the seat of the ulceration and the rapidity of its extension, the patient begins to have more burning pain after an evacuation, there is also greater straining and an increase in the quantity of discharge from the bowel; there is now not so much jelly-like matter, but more

pus—more of the coffee-ground discharge, and blood. The pain suffered is not very acute, but wearing; described as like a dull toothache, and it is induced now by much standing about or walking. At this stage of the complaint the diarrhœa comes on in the evening as well as the morning, and the patient's health begins to give way, only triflingly so, perhaps, but he is dyspeptic, loses his appetite, and has pain in the rectum at night, which disturbs his rest, he has also wandering and apparently anomalous pains in the back, hips, down the leg, and sometimes in the penis. There is yet another symptom present in the later stages, marking the existence of some slight contraction of the bowel, viz: alternating attack of diarrhœa and constipation, and during the attacks of diarrhœa the patient passes a very large quantity of feces. These seizures are attended with severe colicky pains in the abdomen, faintness, and not unfrequently, sickness.''

During this stage there will be an attempt at healing of the ulcers, and by the deposit of fibrous bands, will contribute still further to the contraction of the bowel. At times, these bands will extend only partially around the bowel, at others, the whole circumference will be implicated. The retention of the feces and the straining at stool will cause a dilatation of the gut above the stricture, which condition may result in fistulous openings into the vagina, bladder or perineum. The infiltration of the urine into the cellular tissues of the floor of the pelvis, may result in inflammation and sloughing of the soft parts. One such case I saw in consultation with Dr. Doughlass a few years ago in the city. You will once in a while find seven or eight fistulous openings in an individual case, very much complicating it, and rendering the treatment slow, tedious and unsatisfactory.

The diagnosis may generally be made out without much trouble, and very satisfactorily, always remembering that you are liable to meet with malignant disease in this region. A few years ago a gentleman came to me from a neighboring town for examination and treatment for hemorrhoids. He stated that his family attendant, a very sensible medical man, had been treating him for several months without any benefit, the remedies causing him excruciating pain.

Upon examination I found a large cancerous deposit, almost entirely obstructing the passage of the contents of the bowels. Of course my opinion was unexpected and caused him to go home conveying sad intelligence to his wife and family. A few short months verified my *diagnosis* as well as *prognosis*.

The prognosis of stricture of the rectum cannot always be made very favorable for the patient, for a while a fair number of good recoveries are obtained and reported, truth compels us to say that in no case are you warranted in promising your patient more than fair temporary relief from his sufferings.

This temporary relief will depend, in a great measure, upon the implicit compliance of the patient with your reasonable injunctions. The majority of the sufferers of this nature are very prone to get out of patience with their medical adviser and not follow his directions, or, be lured into the net of some quack or charlatan, and thus become rid of his money if not his disease.

Before commencing the treatment of any case of this kind, be careful to make a full and critical examination of the same, together with all the surroundings, and, if satisfied that the party will, to a reasonable degree, comply with your wishes and demands, then only may you enter upon the treatment with some confidence that you will render your patient an appreciable service; and, at the same time, maintain your own honor and skill as a practitioner.

Holmes says, "the treatment of stricture of the rectum must be conducted upon the same general principles as obtain in the employment of remedial means for the stricture of the urethral canal, and in the first place it must be stated that the surgeon can rarely cure, in the full sense of the word, an organic stricture of the rectum, but he can remedy it in a great measure, prevent its increase, and thus ward off those secondary ills which, almost necessarily, ensue if the original disease be neglected.

The first and principal indication to be fulfilled, is to overcome the contraction and enlarge the cavity of the gut. After unloading the bowels, all fistulous canals, if any, must be freely laid open throughout the entire length. Locate the exact position and extent of the contraction, and if the stricture be not too tight, and the cavity of the gut too much contracted, you may commence the

treatment by the careful introduction of a suitable sized bougie either of gum or wax, and let it remain for a half-hour at a time. If the stricture is more presistent, the gut more contracted, and the evacuations of the bowels be more interrupted, and the patient suffering from the want of free passages from the bowels, you will be warranted, in my opinion, in adopting more radical measures. You may give chloroform or ether, if there be no condition to contraindicate them, and divide the cicatricial bands, and even the sphincter ani muscle as you would in operating for fistula in ano. After carefully nicking the fibrous deposits in the gut—not cutting through the walls, you may proceed to dilate or divulge as you would for stricture of the urethra with any instrument that might be at hand with which you could secure the object best. Care must be observed not to dilate too much or too long at first. A good plan is to have the patient wear a proper tube in the rectum during the night, if he can do so without too much inconvenience. The operation of dilating may be repeated every three or four days, using a larger instrument or increasing the dilation at each setting. I use with satisfactory results, a rectal speculum about four inches in length, the blades of which will open about one inch and a quarter. Some of the saline cathartics may be used with advantage to procure free, liquid stools. If there is much ulceration, with mucus or muco-purulent discharges, accompanied with too much pain, an anodyne ointment can be used to the great comfort of your patient. The following formula, recommended by Dr. Allingham, of England, I have found to give good results:

R_y

Bismuth Subnit:-----	5 ij.
Hydrarg. Subchlor:-----	℥ ij.
Morphia:-----	grs. iij.
Glycerine:-----	5 ij.
Vaseline:-----	5 j.

M.

Apply with absorbent cotton after each stretching and at night. If your patient be emaciated, with not much appetite, nervous, and showing the want of nutrition, as they are very apt to do in cases that have existed for some time, he will be very much benefitted

by the use of some of the bitter tonics, arsenious acid; and especially cod liver oil in liberal doses. Should there be night sweating, Quinia and dilute Sulphuric acid, alternately with the cod liver oil or other tonics. Rest alone exerts a beneficial influence in the majority of these cases, and should be insisted on in their management by every practitioner who is hopeful of success. Local conditions must receive proper attention as they arise. If abscesses form they should be opened early and well cleansed with some antiseptic, as solution of the bi-chloride of the proper strength. Fistulas must be treated on general principles, if the condition of the patient will permit. In very bad cases where the stricture is pretty high up and yet below the promontory of the sacrum, or where there is two or three, Verneuil's operation may be performed as follows:—the patient being in the lithotomy position, after passing the index finger of the left hand through the stricture, follow it with a long straight knife, and when the point is above the stricture, cut firmly down through it in its whole length, bringing the knife out at the tip of the coccyx, or clear through the spincter muscle. The incision must be in the median line posteriorly. You need not fear hemorrhage; if it should occur to any great extent, it will be easily controlled by plugging with dry lint, absorbent cotton or ferri per sulp. Dr. Allingham says of this operation, "So rapidly beneficial has it been, that in forty-eight hours I have seen night sweats arrested, and a patient who seemed about to die, rally, and eat and drink, and get well from that moment; morbid discharges, instead of being absorbed, run out, and the patient is not poisoned."

After this operation, use for dressing, dry absorbent cotton wadding, washing the rectum twice a day with tepid water only. If you use a wash that is too stimulating, it will cause the granulations to slough or abort.

The last resort in these unfortunate cases is colotomy. When the bowels come to be completely closed, as they frequently will before death, this operation affords the only means of prolonging a life that has already become a burden to its possessor; hence only a few will consent to its performance.

Truth compels me to say that the reports of this operation, al-

though attended by a greater percentage of recoveries—if there are any recoveries from it—have not been sufficiently encouraging to lead patients to accept it with any but the most dismal forebodings and anxious solicitude.

I need not stop to described the *modus operandi* of this operation, as the eminent surgeon (Prof. Amussat) has made the steps of the operation so clear and plain, that any one with a fair knowledge of the anatomy of the parts, and a good degree of confidence in his own ability, can successfully perform it. I also intended to give a report of two cases that I have treated, but, as their relation would not make the subject any more clearly understood, and only add length to this article, which is already longer than its merit deserves, I omit them.

TRANSLATIONS.

CESARIAN SECTION.

TRANSLATED FROM LA GAZETTE, BRUSSELS, BY DR. C. H. HUNT,
STANWOOD, IOWA.

A unique fact in the annals of pathology happened near Viterbe, in the Roman Province, Belgium; a fact so surprising, that one hesitates to believe it, if it had not been authenticated by a journal of so high a scientific position as the *Gazetta degli'ospitale*, and attested in the columns of the *Lancet* by two distinguished physicians, the doctors R. Baliva and A. Serpieri.

It appeared that a young peasant perpetrated upon herself at the ninth month of gestation, the redoubtable Cesarian operation, has survived the operation and is now entirely well after forty days treatment. The details of the affair are perhaps more extraordinary than the thing itself.

The following is the contents of a letter by the two above mentioned physicians to an English medical journal.

VITERBE, May 15, 1886.

“We give you according to your request, the details of the Cesarian operation that the mentioned N. A. of Viterbe, has practiced

upon herself, upon the 28th of March last.

She is a peasant of 23 years, of small figure, lymphatic temperament and of delicate constitution. She found herself at the ninth month of pregnancy, for her neighbors, a constant object of slander, and for her employers and family, a subject for anger. These causes brought about on the 28th of March, at 3 o'clock in the morning an extreme resolution.

She took a kitchen knife and opened the abdomen; the wound was linear, but somewhat haggled, (as the knife cut badly) of 22 centimeters in length,¹ directed from the umbilicus toward the right iliac region, and from without inward. It was from this profound wound that the unhappy subject extracted a male infant weighing 1 kilogramme, 900 grammes.² Necroscopic examination demonstrated that the infant was dead before having respired. It had the head separated from the trunk between the last and next to the last cervical vertebra, and there was a deep wound in the thorax.

The operation finished, the patient bandaged the body with a napkin in a manner, making the borders of the wound approach, and to retain the intestines which had a tendency to escape.

Then toward five o'clock—two hours after the operation, she arose, washed and dressed herself and departed on foot for Viterbe, 1 kilometer³ away. There she stopped with a sister, to whom she said nothing about what had happened, took for breakfast a cup of soup and a little coffee and bread, after which she went out for a promenade in the town for the purpose, as she said, of putting an end to the babbling and talking that her pregnancy had occasioned.

At last toward ten o'clock, always on foot, she went home.

But her forces betrayed her; she was taken with intolerable pain and vomiting and finished by fainting; the bandage that retained the intestines became deranged; the mass almost entire pushed out of the abdomen.

It was only toward eleven o'clock that the family became aware of the state of things and decided to summon a physician.

The treatment was as follows: The hernia was reduced, the borders of the wound were united, and a drainage tube left in the wound. A partial peritonitis sprang up, but there were no grave accidents. The physicians attracted by the strangeness of the case, assured a good ventilation of the room where the patient lay.

Everything went on as well as one could wish.

On the twenty-fifth day the wound was nothing more than superficial and was reduced to 6 centimeters ⁴ in length, the fortieth day the cicatrization was complete. The patient is now in good health following her habitual occupation.

- | | |
|-----------------|------------------------|
| 1. 8.66 inches. | 3. .61 — or 3-5 miles. |
| 2. 3 lb. 10 oz. | 4. 2.35 inches. |

CORRESPONDENCE.

COUNCIL BLUFFS, IOWA, August 14th, 1886.

To the Editor of the Reporter:

The only event of any importance to the profession which has occurred lately, was occasioned by the visit to our city last week of the State Board of Medical Examiners. This body of representative men of the different schools of medicine made a very favorable impression on the minds of those of our citizens who were fortunate to make their acquaintance. The Board was quite busy filing applications for certificates and verifying the diplomas presented for examination; which embraced all schools and no schools, even that one which has its headquarters in the "Hub" and which deals entirely with the imagination had its representatives.

If the astute representative who fought the "Medical Bill," from its introduction to its final passage, and who constituted himself the special champion of the cancer, diphtheria and pile quacks, could have witnessed the chagrin and utter disgust depicted on the countenances of various medical gentleman including the members of the board, he certainly would have felt flattered at the thoroughness of his work, so thorough, indeed, that one or two of his proteges, for whom he labored so arduously, disclaimed, absolutely, any knowledge of the fundamental branches of the very science they were pretending to practice, and yet through the efforts of the afore-said representative, they can obtain their certificates under the law, by virtue of having pretended the requisite length of time.

I notice that the secretary of the society here has ceased to supply you with a synopsis of its proceedings. I heard him say however, that he intended to do so in future; but for fear he might prove negligent in the matter I will venture to say that the Society's

Annual meeting occurred on the 11th inst, with a fairly good attendance.

The election of officers resulted as follows:

President, Dr. Green; Vice-President, Dr. Moore, of Silver City; Secretary, Dr. White re-elected; Treasurer, Dr. Cleaver; Board of Censors, Drs. Pinney, Deetkin and Lacy.

The outlook for profitable meetings during the year is flattering of which you, no doubt, will receive due information.

MEDICUS.

SOCIETY REPORTS.

WAPELLO COUNTY MEDICAL SOCIETY.

OTTUMWA, IOWA, July 6, 1886.

Regular meeting called to order by Dr. J. Williamson, vice-president. Minutes of previous meeting read and approved.

Members present: Drs. J. C. Hinsey, J. Williamson, C. G. Lewis, L. J. Baker, M. S. Davis, S. A. Spilman and B. F. Hyatt; visitors Dr. N. McKechnie.

Dr. J. C. Hinsey read a paper on stricture of the rectum.

Dr. Davis, of Agency City, said, that while it might be admitted that the disease was not very frequent, yet, he thought that the symptoms were such as should not be overlooked. He said he did not exactly agree with Dr. Hinsey's explanation of the pathological changes that occur in the parts, and he thought that the contraction was not due so much to the infiltration into the sub-mucous tissues and fibroplastic material which, upon organizing, thickens and hardens and, consequently, encroaches upon, and contracts the caliber of the rectal canal of actual ulceration of the mucous and sub-mucous tissues and the cicatricial contractives which follow. He said, he had treated but one case and that with bougies; at first, he thought his case had recovered, but he soon learned that the benefits of his treatment were only temporary. He thought that divulsion, with the index fingers or proper instruments was the best treatment, when the stricture was low down and more especially when the whole circumference of the rectal wall was involved; but, if very high up, and dense, cutting posteriorly and packing so as to keep the bowel distended and to compel it to heal by granu-

lation, which process would restore the lost material and promise more permanent results, would be the proper method.

Dr. J. Williamson said he was glad the author of the paper had invited attention to something else than commonplace therapeutics. Stricture of the rectum, as has been said, is not of frequent occurrence, but, it is occasionally met with, and the uncertain results of treatment make it a subject of more than ordinary professional interest. There is a type of this disease where it seems to me that the most successful treatment would be by electrolysis. I do not know to what extent it has been tried in these cases, or whether it has been tried at all. I do not remember that writers speak of it as a remedy entitled to any consideration. But, if the electric current may be relied upon to resolve neoplasms in other parts of the body, why may it not be here? Electrolysis is rapidly coming into prominence as a means of curing strictures of the urethra, and there is no doubt that the most brilliant results have been obtained by a number of the operators. The same may be claimed for it in the removal of fibroids of the uterus, as well as morbid growth of other regions. I was consulted a few weeks ago by an elderly gentleman, who, upon examination, I found had a rectal stricture of some years standing. There was a thickened condition of the rectal walls and posteriorly, one to two inches above the sphincter-ani-muscles, there was a projection as large as the end of my thumb. As there was nothing to suggest malignancy, it appeared to me in every way a favorable case for electrolysis and I had an enthusiastic desire to try it. He promised to return in a few days for treatment but failed to do so. Whatever may have been the success or want of success attending its use in former years, we know, from the better knowledge which we have to day of the therapeutical uses of electricity, and of the manner of using it, it is entitled to a large measure of confidence in the removal of morbid growths.

Dr. Hyatt said that in practice he had not met with stricture of the rectum, but, while looking up the literature of fistula and abscess, he had been impressed with the idea that fifty per cent of all cases of stricture were of venereal origin and suggested the propriety of constitutional treatment in all doubtful cases.

The discussions of the paper being concluded, and no other business appearing, the secretary adjourned to meet the first Tuesday in August.

B. F. HYATT, *Secretary*.

LOUISA COUNTY MEDICAL SOCIETY.

This society met at the call of the President at Columbus Junction, July 29th, 1886. The meeting was called to order by the president at 2:30 P. M.

Brethren present were, Drs. Graham, Lilly, Grimes, Overholt, and Brown. The minutes of the last meeting were read and approved.

Dr. Grimes reported clinic, Chester S——(see page 279) as very much improved and he thinks that he will in time entirely recover. In the case of Mr. N. C. M. he had to report Mr. M's death quite suddenly in about two weeks after our clinic (see page 278.)

He was put on the treatment recommended by Dr. Robertson, but he steadily grew worse. Drs. Grimes and Overholt, who saw him together shortly before he died were decidedly of opinion that he had disease of the heart. Much to their regret no post mortem could be obtained.

Dr. Overholt then gave a dissertation "On The use of Obstetric Forceps." For some years his cases were such that he had thought it necessary to use forceps in 12 percent of all women delivered, but of late years he had not used them oftener than in 6 per cent of his cases.

Drs. Tustison and Grimes said they had used the forceps only 4 or 5 times in 13 years practice. Dr. Lilly said his experience was twice in 13 years. Dr. Graham's experience was about the same.

Dr. Overholt reported an interesting case of cancer of the liver. It had been developing itself quite rapidly since February last. He would report the case further, and its results, at our next meeting.

General subject for next meeting is Topical Applications.

Thesis—Dr. Morgan.

Essay—Dr. McCaughan.

Adjourned to meet at the call of President.

J. H. GRAHAM,

President.

M. W. LILLY, *Secretary.*

MITCHELL COUNTY MEDICAL SOCIETY.

OSAGE, July 31st, 1886.

The twenty-fifth semi-annual meeting of Mitchell County Medical Society met with Drs. Fellows and Cutler, at the residence of

Dr. Fellows, Riceville, Wednesday, July 21, 1886. The day was beautiful and the attendance large. About 30 were present, including wives, children, and invited guests, many of whom had ridden fifteen and eighteen miles in carriages. Among the guests were Dr. Dunn and wife, of Busti, Howard county, and Dr. Knight, of Le Roy, Minnesota.

After a social visit, with appetites sharpened by early breakfasts and long rides, the hungry crowd were seated around tables neatly decorated and sumptuously laden, in a new and spacious restaurant recently opened and splendidly kept by Mrs. Langunthy, late of St. Paul. The ultimate disappearance of a large quantity of the tempting viands attested the excellence of the dinner. This is the kind of medicine doctors like to take—prefering it to pills, even if sugar coated.

Riceville was abounding in joy, occasioned by the advent of a stalwart R. R.—the M. & N. W.—just entering their beautiful little city, on the banks of the Wapsie. This added spice to the festivities of the occasion ; for it is impossible to behold faces aglow with happiness and not feel some of its warming rays.

The wants of the inner man supplied, seasoned by joyous speech and happy repartee, the ladies and children returning to the pleasant home of Dr. Fellows to spend a delightful afternoon, and the society repaired to an inviting arbor where earnest and profitable hours were spent in the endeavor to increase the effectiveness of our *arma mentum medicorum* in our great life work.

Reports of the American Medical Association, and our State Medical Society were made by Drs. Whitley and Chase.

Dr. Brainard reported a case of dementia, in which injections of chloral and assafoetidae appeared of special value; and a case of foot presentation in which spontaneous version occurred.

Dr. Chase reported a case of head and foot presentation, which compelled him to turn and deliver by the feet as he could not repress the foot and engage the head. Another peculiarity presented; the cord was not of sufficient length to admit the birth of the child and therefore had to be cut before delivery. Mother and child did well.

Dr. Fellows gave his views of California in lung affections from recent observations.

His conclusions favored Southern California back from the Coast ; but did not Northen California unless in the foot hills or mountains.

Drs. Rolfe, Whitley, D. E. Cutler and M. L. Cutler, who had spent some time in California, coincided with the views expressed by Dr. Fellows. All agreed that consumptives are better off at home, if they have one, espacially if the disease has made much progress.

Dr. Fellows reported a case of imperforate hymen in which there were two sacks, the inner opening into the outer through an aperture scarcely large enough to admit a small probe. Operation successful. Also case of phlegmasia dolens, asking for curative suggestions. Elevation the remedy, with lotions and friction if necessary.

Dr. M. L. Cutler reperted an intractable case of chorea, in which he had used unavailingly zinc, iron and ars, with electricity and bathing—a general tonic course with laxatives to keep the bowels free. He was advised to persevere in well doing.

A special vote of thanks was tendered Drs. Fellows and Cutler, and to their families, for their cordial welcome and generous hospitality. All then repaired to the restaurant where they were served with delicious ice cream as a parting benediction.

Bidding the hosts and each other good bye the happy crowd reluctantly separated and winded their way homeward, having enjoyed an exceedingly pleasant session. Upon the invitation of Mr. Dailey, of Osage, our leading druggist, the society meets with him in January, 1887.

S. B. CHASE,

Secretary.

M. L. CUTLER, *President.*

FLOYD COUNTY MEDICAL SOCIETY.

CHARLES CITY, IOWA, July 23, 1886.

The regular siemi-annual meeting of the Floyd County Medical Society, met at Nora Springs, Iowa, July 21, 1886, at 10 A. M., Dr. S. G. Blythe presiding.

After reading the minutes of last meeting and attending to other necessary business the society listened to a very interesting report of a case of exstrophy of the bladder, presented by Dr. S. R. Hewett. Then followed a general discussion of the subject, participated in

by other members. The doctor promised to exhibit the case at the next meeting.

Dr. Blythe reported a case of Meatus weinarins absens in a male.

We the doctor called, the morning following the birth of the child, the nurse called his attention to the fact that the child had not yet passed water. Upon examination, the penis was found strongly erected and the meatus entirely absent, the surface being perfectly smooth. He passed a fine pointed bistony through the mucous membrane in the direction of the urethra. Upon withdrawing it the urine flowed freely and the erection dissapeared. The opening was maintained with a little pledget of absorbent cotton until the raw surfaces were healed.

The doctor says these cases are rare, he being able to find only a few reported.

Dr. Amos reported a case puerpura simplex. A boy age 8 years, slightly anaemic but otherwise in fair general health. Parents both healthy, and no history of scorbutic cachexia in the family. The father is a well-to-do farmer, the child having good variety of diet. The lesions, distributed over the entire cutaneous and visible mucous surfaces, were varied in size from a finger-nail to a surface two inches in diameter, and in color livid red, changing to blue, green and yellow, according to age. The color was not attired by pressure. There was occasional slight hemorrhage from riasal and pharyngeal mucous membranes, hardly sufficient to characterize as the hemorrhagic variety of puppura.

The case was slow in omit and termtnated in good recovery at the end of three monihs. Being recent it is impossible to say whether it will be permanent on not.

The treatment consisted of full doses of ergat and dilute sulphuric acid. Occasionally interrupted by the use of iron and strychnine with plenty of rich food and inoderate exercise.

The next meeting of the society will be held at Charles City, August 18, 1886.

A. R. AMOS,

Secretary.

S. G. BLYTHE, *President.*

EDITORIAL.

QUACKERY WITHIN AND WITHOUT THE PROFESSION.

Yes, as the title would indicate, we have quackery within and without the profession. The medical law distinguishes between those who are within, and without the profession; it does not distinguish between quackery within and without the profession. It is expected that quackery without the profession will, in due time, be suppressed. Quackery and knavery, and usually, ignorance, go together. The latter is not always present. In elevating the standard of the medical profession, we must seek two methods; one to elevate its moral standard, and the other, to require a higher standard of medical education. Laws will not make the ignorant wise, nor the immoral, moral. This, must come from association and public sentiment. If we are earnest in our desire for the advancement of the medical profession, and for a higher standard of medical education, we must increase the demand for those elements which will produce this advancement, and frown down those which degrade. Morality exists only as it is practiced. In view of these facts, it is the duty of each and every conscientious practitioner, who has the interest of the profession at heart, to give his whole support to all that which will pertain to the advancement of the medical profession, and, in a like manner, his whole opposition to all forms of immorality and ignorance within the ranks of the profession. Quackery is not the only form, it is the one we are to consider at this time.

The glaring daily examples of violation of this moral duty, within the ranks of the profession of this State, confined, however, to an occasional member, makes it the duty of the REPORTER, attempting to represent the interests of the profession, to publicly denounce the violators. The law holds that one who plans, plots, or is the abettor of a crime, is guilty with the principals, although it sometimes provides that the penalty shall be less severe.

In establishing the degree of responsibility or immorality, we can have no better guide than the ordinary decisions of our criminal courts. The immoral effect and public injury is greater when the abettor or conniver of a crime has, or had a high standing in the respect of his associates; the degree of responsibility is likewise greater. We would expect, therefore, that those who are members of the State Society and the American Medical Association and who are well known, that their influence would be greater than others less honored, and that the degree of responsibility or censure, would be greater.

The readers of the REPORTER will remember the late trial of the Anarchists in Chicago. They will probably recall that in the evidence, but one of the prisoners was charged with actually throwing the deadly missile. The others had been advocating, preaching the principles of Anarchism that finally so inflamed a class that they were ready for any out-break, to the destruction of life and property.

Quackery may, in a like manner, deprave members of the Medical Profession, if those who have ability and standing will lend themselves to the advancement of such ideas.

This preamble has been long, in order that no mistake in the motive may be made. To our knowledge, no member of the regular profession of this state, whose ability and professional standing is such as to give him prominence, has been guilty, as principal, of any gross, glaring quackery.

The reader should understand that the writer wishes to convey, by the term quackery, one who may or may not be ignorant, and may or may not have skill in the profession, but who publicly or or privately advertises, pretends or promises to perform cures, which from their very nature, and from our experience are impossible, wholly or in a degree, who practice this deception for pecuniary advantage. This is pure simple quackery. There are also other violations of the code, which are sometimes termed quackish, that are not honest, although they do not always deceive the patient.

There is a circular in general distribution, by a travelling quack, without the profession, that contains the names of twenty physicians within the profession of this state, twelve of whom are prominent members in the State Medical Society, and some of whom are members of the American Medical Association, and possibly all. Their names are used as reference to aid and assist this quack in plying his trade. This circular is as brazen a piece of quackery as has been circulated at any time, within the state. Upon these references, hundreds of people will be taken in. Some of these names, and possibly all of them, may be used without their owner's consent. There is a method by which it can be stopped. If these parties know that their names are being used, they are equally guilty with the quack. It seems as if members of the regular profession, of good standing, and who pretend to recognize the code, should leave the endorsement of such gross quackery to the State Board of Pharmacy, which is specially anxious to license such frauds, in order to make \$100.00 a year. What inducement these members of the profession can have to lend their names for such a purpose is difficult of comprehension.

This wholesale endorsement of quackery, reminds the writer of another plea for quackery, made by a single individual, sometime ago, through a letter addressed to the Editor of the *Record*, and published under the initials of "E. H. H."

The *Record* says: "We have received a communication from a valued Iowa correspondent, "E. H. H." in which the writer advocates newspaper advertising as the surest, most honorable and best method of securing a profitable clientele!"

The *Record* prints extracts. In these extracts, the author of the communication is made to say: "Advertisement—that word which causes such a bellicose flush to mount into the face of the orthodox—is a word which describes the motive of much of the conduct of a great majority of our brethren in the profession. They must know that to it they owe three-fourths of their success. We must advertise. That is certain."

Among other arguments of which there are many, are found the following: "Would it not be more dignified to be allowed to announce himself by the methods of a first-class business, under the restriction above cited, and governed in it by his taste, announcing his business, his place, his facilities, so far as his appliances are concerned, for doing that business?" "Life is short, and there is no reason why half of it should be wasted, waiting for a living practice only, or that it should be given to illegitimate work to make one's self known."

He naively adds: "These arguments, it is true, do not so much apply to the family doctor, or to the attendant on acute diseases and routine practice, as to the practitioner in chronic diseases, who finds himself in circumstances very different."

He wishes for the specialist certain privileges. Why?—To do the Iowa correspondent justice, the extracts printed, contain some few wholesome truths. We are not upon the subject to which they are applicable, and we omit them for the further reason, we can not see why the committal of a crime by one, should give license for the committal of a similar crime by another.

Remembering that the *Record* is liberal, it was an active supporter of the new code doctrine, the following criticism, from its Editorial page, is so applicable that no further comment is necessary upon the quotations themselves. It says: "If a man can show his fellows that he is an expert in his particular field, he will not have to wait long for patients, and he will receive them on the advice, and with the good will of the family physician. But let him seek through advertisement in the public press, to draw to himself patients, against the will of their medical advisers, and he is close to the border-land of charlatanism. Honest professional work is what pays best in the long run."

There is no excuse for quackery. Honesty pays the best. Dishonesty will, sooner or later, stumble on the old saying, "Murder will out." A quack never succeeds long, nor one who employs

quackish ways. Should he meet with temporary success, he does not know the value of his gains. It is "easy come, easy go."

It does not pay morally or financially. It is a credit to no one. He who makes it a financial success, bears a relation to society similar to that of the professional gambler.

STATE INSTITUTIONS.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR MAY, 1886.

	M.	W.	T.
Remaining April 30, 1886-----	404	317	721
Admitted curable cases-----	4	4	8
Admitted incurable cases-----	12	12	24
Total number treated-----	420	333	753
Discharged recovered-----	1	5	6
Discharged improved-----	4	5	9
Discharged unimproved-----	9	1	10
Discharged died-----	0	1	1
Discharged total number-----	14	12	26
Remaining May 31, 1886-----	406	321	727

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR JULY, 1886.

	M.	W.	T.
Remaining June 30, 1886-----	405	325	730
Discharged-----	17	15	32
Admitted-----	16	14	31
Left for visit-----	5	6	11
Returned from visit-----	0	1	1
Discharged recovered-----	5	3	8
Discharged improved-----	4	3	7
Discharged unimproved-----	4	3	7
Discharged died-----	4	6	10

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR AUGUST, 1886.

	M.	W.	T.
Remaining July 31, 1886	410	324	734
Discharged	10	15	25
Admitted	15	14	29
Left for visit	8	8	16
Returned from visit	1	3	4
Discharged recovered	1	6	7
Discharged improved	2	3	5
Discharged unimproved	3	1	4
Discharged died	3	6	9

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR JUNE, 1886.

	M.	W.	T.
Remaing May 31, 1886	386	261	647
Admitted in June	22	14	36
Returned from visit during the month	3	1	4
Total under care in the month	411	276	687
Discharged during the month	16	17	33
Daily average under care	390	259	649
Discharged recovered	8	6	14
Discharged improved	3	5	8
Discharged unimproved	3	5	8
Discharged died	2	1	3
Remaining June 30, 1886	395	259	654

H. A. GILMAN, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR JULY, 1886.

	M.	W.	T.
Remaining June 30, 1886	395	259	654
Admitted in July	21	10	31
Returned from visit during the month	0	0	0
Total under care in the month	416	269	685
Discharged during the month	15	12	27
Daily average under care	398	258	656
Discharged recovered	5	6	11
Discharged improved	2	2	4
Discharged unimproved	4	1	5
Discharged died	4	3	7
Remaining July 31, 1886	401	257	658

H. A. GILMAN, *Superintendent.*

NB736



3 2044 103 065 256